



# California State Medi-Cal Health Information Technology Plan

Appendices

September 9, 2011

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## Appendix 1: Summary of Recent HIT Surveys in California January 2011

Survey Name	Survey Administrator(s)	Organizations Surveyed	Geographic Scope	Sample	CA Response rate	N	Survey method	Yrs Data Collected	Repeated in future	Survey Interval	Survey instrument available	Data publically available
National Study of Physician Organizations	University of California, Berkeley	Large med groups and IPAs (>=20 Physicians)	National	Universe	70%	693 MG; 347 IPA	phone	2000-2001	Yes	.	Yes	Yes
National Study of Physician Organizations II	University of California, Berkeley	Large med groups and IPAs (>=20 Physicians)	National	Universe	60.30%	339 MG; 199 IPA	phone	2006-2007	Yes	Next study will be large and small practices in 2011	Yes	Soon
National Study of Small and Medium Sized Physician Practices	Cornell University	Small and medium physician practices (<20 physicians)	National	Stratified Random Sample	63.50%	1765	phone	2007-2009	Yes		Yes	Soon
Children's Hospital HIT Assessment	California Children's Hospital Association	Children's Hospitals	CA	Universe of 8 private non-profit children's hospitals	100%	7	e-mail	Aug-2010	No	n/a	Yes	No
Community Clinic and Health Center HIT Survey	California Primary Care Association (CPCA)	Free or community clinic, FQHCs, RHCs, Family planning clinics that are members of State or Regional association	CA	Sample of members	65.80%	127 clinics	Survey monkey	Aug-2010	No	n/a	Yes	Maybe not
Survey of Electronic Health Record Use	Cattaneo & Stroud, Inc.	Medical Groups with 6 or more PCPs, and at least one HMO contract	CA	Universe	In-process	a	e-mail, fax	a	Maybe	annual	Yes	No
Implementation Status of Electronic Medical Records ("EMRs") & Chronic Disease Registries ("CDRs")	Cattaneo & Stroud, Inc.	Medical Groups with 6 or more PCPs, and at least one HMO contract	CA	Universe	82%	247	web, paper, phone	2006	No	annual	No	No
Assessing Information Technology in Medical Groups	Medical Group Management Association, Center for Research and the University of Minnesota	Medical Groups with 3 or more physicians	National	Stratified Random Sample	a	177	web, paper, phone	2005	a	a	No	a
American Hospital Association and California Hospital Association. Health Information Technology Surveys. 2006/2007	American Hospital Association (AHA)	Hospitals	National	a	30%	147	email, fax, ?	2006, 2007	a	a	No	a
Health Information Technology: Are Long Term Care Providers Ready?	CHCF; CA Association of Health Facilities; Aging Services of CA	SNFs and residential care facilities for the elderly with more than 75 beds	CA	Non-random	47%; 24%	82 SNFs; 103 RCFEs	electronic	2006	a	a	No	a
2005 Information Management Assessment. Medical Director Survey	Community Clinics Initiative	Clinics	CA	a	77%	177	email	2005	a	a	No	a

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Survey Name	Survey Administrator(s)	Organizations Surveyed	Geographic Scope	Sample	CA Response rate	N	Survey method	Yrs Data Collected	Repeated in future	Survey interval	Survey instrument available	Data publically available
Health Information Technology Survey. Center for Economic Services	California Medical Association (CMA)	CMA-member physicians	CA	Universe	a	a	e-mail, fax, and placement on the association's Web site	Dec-2005	No	n/a	No	a
IHA Pay-for-Performance	Integrated Healthcare Association (IHA)	Medical Groups and IPAs with a commercial HMO contract	CA	Universe	a	193 + 28 Kaiser reporting units	a	2003-2009	switching to meaningful use measures	a	Yes	No
Electronic health record adoption	Integrated Healthcare Association (IHA)	Medical Groups and IPAs with a commercial HMO contract	CA	Universe	98%	193 + 28 Kaiser reporting units	email	Fall 2009	Yes	annual	Yes	No
Study of physician use of HIT in California	University of California, San Francisco; California Medical Board of California	Physicians	CA	Random sample of physicians renewing their medical license	N/A	n/a	Paper, online	Jan-April 2011	Yes	Annual through 2013	Yes	Only in aggregate
CAPG Health Information Technology Survey	California Association of Physician Groups (CAPG)	Physician Groups	CA	Members	a	41	Survey monkey	2009	a	a	Yes (in the form of aggregate results)	No
Standards of excellence survey	California Association of Physician Groups (CAPG)	Physician Groups	CA	Members	a	a	a	a	a	a	Yes (Possibly partial)	No
2009 CAFP Member Survey	California Academy of Family Physicians (CAFP)	CAFP members	CA	Members	11.2%	471	email	2009	a	a	No	No
2010 PCMH survey	California Academy of Family Physicians (CAFP)	CAFP members	CA	Members	8.2%	386	email	2010	a	a	No	No



## Appendix 2: UCSF Researcher Bios

**Andy Bindman, M.D.**  
**Chief, Division of General Internal Medicine**  
**San Francisco General Hospital**  
Professor Medicine  
Health Policy, Epidemiology & Biostatistics  
UCSF

Training:  
Harvard College '80  
Mt. Sinai School of Medicine '84  
Internship - Mt. Sinai Hospital New York '84-85  
Residency - General Internal Medicine University of California San Francisco '85-'87  
Robert Wood Johnson Clinical Scholar – Stanford University '87-'89

Areas of Interest:  
Dr. Bindman's interests include Medicaid policy and its impact on access to and quality of care, cross-national comparisons of primary care practice, and expanding the capacity of hospital administrative data to monitor the quality of care.

Health policy evaluation  
Access to primary care  
Underserved populations  
Safety net institutions

**Kevin Grumbach, MD**  
**Professor & Chair**  
**UCSF School of Medicine**  
Chair, UCSF Department of Family and Community Medicine  
Chief of Family and Community Medicine, San Francisco General Hospital  
Director, UCSF Center for California Health Workforce Studies  
Co-Director, UCSF Clinical Translational Science Community Engagement Program

Training:  
MD, University of California, San Francisco  
Family Medicine Residency, UCSF San Francisco General Hospital  
Fellowship in Family Medicine and Health Policy, UCSF Institute for Health Policy Studies and the Department of Family and Community Medicine

Areas of Interest:  
Health Care Workforce  
New Models of Primary Care  
Health Care Reform

## California Medi-Cal Health Information Technology Plan

**Robert Miller, Ph.D.**  
**UCSF Institute for Health & Aging**  
**Professor of Health Economics in Residence**

Robert H. Miller, Ph.D., is Professor of Health Economics in Residence at the Institute for Health & Aging, University of California San Francisco (UCSF). He received his doctorate in economics from the University of Michigan in 1987, and has been a UCSF faculty member since 1989. He conducts research on economic, organizational, and health policy issues affecting health information technology (HIT) use, with a focus on electronic health records (EHRs), regional extension centers, and regional health information organizations (RHIOs). Dr. Miller is especially interested in EHR use for quality improvement in safety-net organizations and solo/small groups.

Dr. Miller currently is analyzing lessons for Regional Extension Centers from the experience of public/private organizations providing EHR services to solo/small practices and analyzed the role of community health center networks providing EHR services in increasing EHR use for performance improvement (both for The Commonwealth Fund). Recently he also analyzed barriers to financing clinical information systems in California health care delivery system organizations (for the Governor's HIT Financing Advisory Commission, California Department of Health and Human Services).

Dr. Miller was lead author on articles on: financing clinical information systems (*Health Affairs* 2009); the demise of the Santa Barbara RHIO (*Health Affairs* 2007); the value of EHRs in community health centers (*Health Affairs* 2007) and solo or small groups (*Health Affairs* 2005); barriers to EHR use in large organizations (*Health Affairs* 2004); and physician use of information technology (*Journal of Health Information Management* 2004). In past work, Dr. Miller published literature analyses comparing HMO versus non-HMO plan performance, as well as other analyses on the effects of managed care on physician organizations and on long-term care for the elderly.

Dr. Miller is a member of the Investment Advisory Committee for the United Health Group California Health Care Investment Program and of the Technical Expert Panel for the Commonwealth Fund project on Transforming Safety Net Clinics into Patient-Centered Medical Homes; he is a consultant to several research projects and he has served as a member of expert and advisory panels, workshops, and committees on HIT adoption and use.

**Janet Coffman, MA, MPP, PhD**  
**Assistant Adjunct Professor**  
**Department of Family and Community Medicine**

Dr. Coffman aims to build bridges between academia and policymakers. At the PRL-IHPS, her work as principal analyst for medical effectiveness for the California Health Benefits Review Program (CHBRP) is a prime example of bridge building. Established in 2002, CHBRP responds to requests from the California State Legislature to provide independent analysis of the medical, cost, and public health impacts of proposed health insurance benefit mandates and repeals. The program is administered by the University of California's Office of the President and involves faculty and staff from several UC campuses, other universities in California, and an actuarial firm. Since Dr. Coffman joined the program in October 2005, she has authored the medical effectiveness sections of more than 15 CHBRP reports on a wide variety of topics, including asthma education, gynecological cancer screening, HIV testing, mental health parity, tobacco cessation. She also leads CHBRP's ongoing efforts to strengthen methods for identifying and analyzing pertinent medical literature.

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Dr. Coffman's other research interests include innovations in management of asthma and other chronic illnesses, access to care for vulnerable populations, development of evidence-based health policies, and health care workforce issues. She has published in a wide range of journals, including Health Affairs, Health Services Research, Pediatrics, and Psychiatric Services.

Dr. Coffman received a doctoral degree in health services and policy analysis from the University of California, Berkeley in 2005. She also has a master's degree in public policy from UC-Berkeley. She previously worked for the United States Senate Committee on Veterans Affairs, the San Francisco Department of Public Health, and the UCSF Center for the Health Professions.

Dr. Coffman's research has made important contributions to health workforce policy in California. While at the Center for the Health Professions, she managed multiple projects on health workforce policy and co-authored articles and reports on options for addressing health workforce shortages, geographic maldistribution, and lack of racial/ethnic diversity among health professionals. While at UC-Berkeley, she was the lead author of a report on California's physician workforce that served as a major resource for the University of California Health Sciences Committee's strategic plan for expansion of health professions education. She also served on a subcommittee that advised the Health Sciences Committee regarding public health education.

### **Diane R Rittenhouse, MD, MPH**

#### **Associate Professor**

#### **UCSF School of Medicine**

Associate Professor in Residence, Department of Family and Community Medicine, University of California, San Francisco

Associate Professor in Residence, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco

Executive Steering Committee Member, Center for Excellence in Primary Care, University of California, San Francisco

#### **Training:**

University of California, Berkeley; BA

University of California, Berkeley; MPH

University of California, Davis; MD

Residency; University of California, Davis; Family and Community Medicine

Postdoctoral Fellow; University of California, San Francisco; Department of Family and Community Medicine; Primary Care Research

Postdoctoral Fellow; University of California, San Francisco; Institute for Health Policy Studies; Health Services Research and Health Policy

#### **Areas of Interest:**

Primary Care, Health Policy & Health Services Research

Dr. Rittenhouse's principal research interest lies at the intersection of social policy and clinical quality, particularly with regard to the organization, delivery and financing of primary care. She has published in peer-reviewed journals on topics ranging from trends in the use of prenatal care attributable to changes in Medicaid policy; influences on medical students' choice to pursue primary care careers; predicting physician supply; measurement and reporting of health care quality; and innovations in primary care delivery. She has been recognized in the United States and Europe as a leading researcher on these topics. She is the recipient of a Generalist Physician Faculty Scholar award from the Robert Wood Johnson Foundation. Dr. Rittenhouse is currently co-investigator for

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three large national studies of physician practices funded by the Robert Wood Johnson Foundation, the California HealthCare Foundation, and The Commonwealth Fund. These include the National Study of Physician Organizations and Management of Chronic Illness (NSPO) II; An In-Depth Examination of High and Low Performers in the NSPO; and the National Study of Small and Medium-Sized Physician Practices. She is Principal Investigator for the evaluation of federal efforts to restore, expand and improve primary care services in Greater New Orleans following Hurricane Katrina. Dr. Rittenhouse took the lead on one of six commissioned papers as part of an initiative of the Society of General Internal Medicine, the Academic Pediatric Association, and the Society of Teachers of Family Medicine to develop a policy-relevant research agenda to advance the PCMH model. The effort was jointly sponsored by The Commonwealth Fund and the Agency for Healthcare Research and Quality. She is an active member of The Commonwealth Fund's PCMH Evaluators Collaborative. She has recently published on the topic of the Patient Centered Medical Home (PCMH) in both the New England Journal of Medicine and the Journal of the American Medical Association, and has been invited to speak to members of the U.S. Congress on the role of the PCMH in health reform.

## Appendix 3: Medical Board Survey on EHR Use

Dear Physician,

The Medical Board of California (MBC), in conjunction with a team of experienced researchers from the University of California, San Francisco (UCSF), is seeking information regarding physician practices in California. You have been randomly selected to answer a few questions regarding the characteristics of your practice and your use of electronic health records. Your responses to these questions are critical in forming public policy. The information you provide is voluntary and confidential and will not affect the timing or any other aspect of your license renewal. It will be analyzed by the research team at UCSF. Findings will be presented only in aggregate. No personal or identifying information will be shared with payers or other parties.

We would greatly appreciate your answering the following questionnaire and including your responses, along with your other license renewal information, in the envelope provided. Alternatively, if you are completing your renewal on line, you may submit your responses through the Web site. The study questions have been reviewed and approved by the MBC and UCSF's Committee on Human Research.

Debbie Nelson  
Medical Board of California  
(916) 263-2480

Janet Coffman, PhD  
University of California, San Francisco  
(415) 476-2435

**Please answer each question by completely shading the appropriate circle like this ●**

### 1. PRACTICE SETTING *What is your principal practice location? (check only one)*

- |   |                       |                                       |                       |
|---|-----------------------|---------------------------------------|-----------------------|
| Medical office: Solo practice                                 | <input type="radio"/> | Kaiser Permanente                     | <input type="radio"/> |
| Medical office: Small medical partnership (2 to 9 physicians) | <input type="radio"/> | Community health center/public clinic | <input type="radio"/> |
| Medical office: Group practice (10 to 49 physicians)          | <input type="radio"/> | VA or military                        | <input type="radio"/> |
| Medical office: Large group practice (50+ physicians)         | <input type="radio"/> | Other (specify _____)                 | <input type="radio"/> |

### 2. PRACTICE TYPE *Of the time you devote to patient care (100%), what percentage of time do you provide care in each of the following settings?*

	Ambulatory care	Inpatient care	Emergency department	Diagnostic services (e.g., radiology, pathology)	Other
0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 to 19%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 to 39%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 to 59%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 to 79%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 to 89%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 to 100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. PAYERS *Of your total number of patients (100%), what percentage are:*

	Private, commercial, other insurance	Medicare	Medi-Cal	Healthy Families	Other (e.g., VA, CHAMPUS)	Uninsured
0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 to 9%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 to 19%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 to 29%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 to 39%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 to 49%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 to 59%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 to 69%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 to 79%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 to 89%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 to 99%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

### 4. INCENTIVES FOR HEALTH IT USE

In 2011, Medicare and Medi-Cal will begin offering financial incentives for physicians to adopt, implement, or upgrade computerized medical records systems (also known as electronic health records or electronic medical records) and use them meaningfully in practice. Do you or your principal practice organization plan to apply for these incentive payments? Please check only ONE answer from the list below.

- I intend to apply for incentive payments but uncertain whether Medicare or Medi-Cal ☐
- I intend to apply for the Medicare incentive ☐
- I intend to apply for the Medi-Cal incentive ☐
- I do not at this time plan to apply for either incentive or need more information to make a decision ☐
- I am not eligible for either the Medicare or the Medi-Cal incentive ☐

### 5. USE OF COMPUTERS IN YOUR MAIN PRACTICE LOCATION *Does your main practice site have a computerized medical records system?* Yes ☐ No ☐ Don't know ☐

**If you answered "Yes", please answer the following questions about the (A) availability of features of your main practice site's computerized medical records system and (B) the extent to which you use features.**

	Part I — Availability of Features			Part II — Use of Features			
	No	Do not Know	Yes	Do not use	Use some of the time	Use most or all of the time	Not applicable to my practice or specialty
a. Patient demographics (e.g., race/ethnicity)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clinical notes (e.g., office visit notes)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Patient problem list/summary	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lists of medications each patient takes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. List of medication allergies	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ordering and transmitting prescriptions electronically	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ordering laboratory tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Viewing or receiving laboratory test results	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ordering radiology tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Viewing printed records of radiology test results	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Viewing images from radiology tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Generating lists of patients by specific condition	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Generating routine reports of quality indicators	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Transmit information electronically to entities outside your practice to which you frequently refer patients OR from which patients are referred to you?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Transmitting data to immunization registries?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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p. Patients able to access their own electronic record      ○      ○      ○ ———→ ○      ○      ○      ○  
Go to Part II



## Appendix 4: Optometrists as Eligible Providers



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

January 28, 2011

Ms. Jenny Chen, MPH  
Division of Medicaid & Children's Health Operations  
Centers for Medicare & Medicaid Services, Region IX  
Department of Health and Human Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: Optometrists as Eligible Providers for EHS Incentive Program**

Dear Ms. Chen:

This letter responds to CMS' questions regarding the status of optometrists under the California State Plan. The EHR Incentive Program Final Rule under § 1905 (e) requires that the State Plan specifically include language providing that the term "physician services" include services of the type which an optometrist is legally authorized to perform, in order for optometrists to qualify as eligible providers under the Incentive Program.

For your convenience I have included an excerpt from the California State Plan, Article 3.1 (f)(1), containing the requisite language below:

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

---

Office of Legal Services  
P.O. Box 997413, MS 0010  
Sacramento, CA 95899-7413  
Phone (916) 440-7725 Fax (916) 440-7712  
Internet Address: <http://www.dhcs.ca.gov>

## California Medi-Cal Health Information Technology Plan

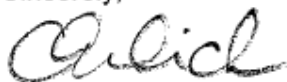
January 28, 2011  
Page 2

Additionally, I have included the link on the Department's website to the same part of the State Plan: <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/StatePlan%20Section%203.1.pdf>. After clicking on the link, please scroll down from page 19 to page 27.

As you can see, the "not applicable" box with modifying language is checked under Article 3.1 (f)(1) describing Optometric Services. The modifying language clarifies that the first sentence under this article does not apply. No modification is made to the second sentence of this article, which contains the provision including optometric services under "physicians services," as required by §1905 under the Final Rule.

On the basis of the language provided in the State Plan DHCS believes that optometrists are legally entitled to be eligible providers for the Medi-Cal EHR Incentive Program. If you have any other questions regarding this matter, or I can be of further assistance, please do not hesitate to contact me.

Sincerely,



Constance Erlich  
Staff Counsel  
Office of Legal Services  
California Department of Health Care Services  
1501 Capitol Avenue, MS 0010  
Sacramento, CA 95899-7413

Email: [Constance.Erlich@dhcs.ca.gov](mailto:Constance.Erlich@dhcs.ca.gov)  
Telephone: (916) 440-7765  
Fax: (916) 440-7713

cc: Raul Ramirez, Chief, Office of Health Information Technology, DHCS, MS 0004  
Dr. Larry Dickey, Medical Director, Office of Health Information Technology, DHCS,  
MS 0004  
Michael Kilpatrick, Assistant Chief Counsel, Office of Legal Services, DHCS,  
MS 0010

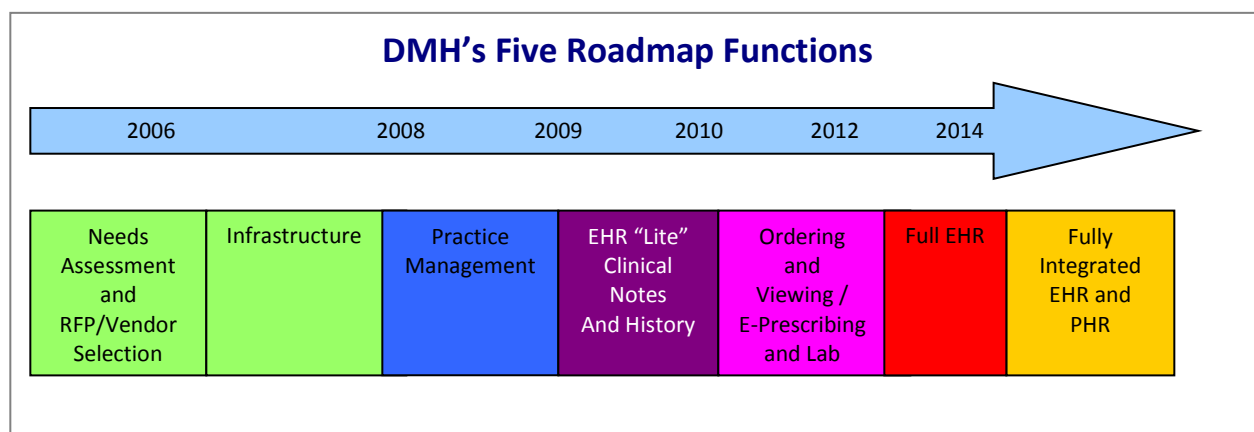
## Appendix 5: California Grantees and CIP Funding

Health Center Grantee Name	City	County	Health Information Technology	Electronic Health Record	
				New	Expanded
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY	SAN LEANDRO	ALAMEDA	0	1	0
ALL FOR HEALTH, HEALTH FOR ALL	GLENDALE	LOS ANGELES	1	0	0
ARROYOVISTAFAMILYHEALTHCENTER	LOS ANGELES	LOS ANGELES	0	1	0
BORREGO COMMUNITY HEALTH FOUNDATION	BORREGO SPRINGS	SAN DIEGO	1	1	0
BROOKSIDECOMMUNITYHEALTHCENTER	SAN PABLO	CONTRA COSTA	0	1	0
CHILDREN'S HOSPITAL & RESEARCHCENTER OF OAKLAND	OAKLAND	ALAMEDA	1	0	0
CLINICA DE SALUD DEL VALLE DE SALINAS	SALINAS	MONTEREY	0	1	0
CLINICAS DEL CAMINO REAL, INC.	VENTURA	VENTURA	0	1	0
COASTAL HEALTH ALLIANCE	POINT REYES	MARIN	0	1	0
COMMUNITY HLTH CNTRS/CENTRAL COASTS	NIPOMO	SAN LUIS OBISPO	0	0	1
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	GLENDALE	LOS ANGELES	0	1	0
COUNTY OF SACRAMENTO DOH & HUMAN SERVICES	SACRAMENTO	SACRAMENTO	0	1	0
DARIN M. CAMARENA HEALTH CENTERS, INC.	MADERA	MADERA	0	0	1
EASTVALLEYCOMMUNITYHEALTHCENTER	WEST COVINA	LOS ANGELES	0	1	0
EISNER PEDIATRIC &FAMILYMEDICALCENTER	LOS ANGELES	LOS ANGELES	0	1	0
EL DORADOCOUNTYCOMMUNITYHEALTHCENTER	PLACERVILLE	EL DORADO	0	1	0
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES	BELLGARDENS	LOS ANGELES	1	0	0
FAMILY HEALTHCARE NETWORK	PORTERVILLE	TULARE	0	1	0
GARDNER FAMILY HEALTH NETWORK, INC.	SAN JOSE	SANTA CLARA	1	1	0
INDIANHEALTHCENTER OF SANTA CLARAVALLEY	SAN JOSE	SANTA CLARA	0	1	0
INLAND BEHAVIORAL & HEALTH SERVICES, INC.	SAN BERNARDINO	SAN BERNARDINO	1	1	0
JWCH INSTITUTE, INC.	LOS ANGELES	LOS ANGELES	0	1	0
LA CLINICA DE LA RAZA	OAKLAND	ALAMEDA	1	0	0
MOUNTAIN HEALTH & COMMUNITY SERVICES	CAMPO	SAN DIEGO	0	1	0

## California Medi-Cal Health Information Technology Plan

Health Center Grantee Name	City	County	Health Information Technology	Electronic Health Record	
				New	Expanded
MOUNTAIN VALLEYS HEALTH CENTERS, INC	BIEBER	LASSEN	0	1	0
NATIONAL HEALTH SERVICES, INC.	SHAFTER	KERN	1	0	0
NEIGHBORHOOD HEALTHCARE	ESCONDIDO	SAN DIEGO	0	1	0
NORTHCOUNTY HEALTH PROJECT	SAN MARCOS	SAN DIEGO	0	1	0
NORTHEAST VALLEY HEALTH CORPORATION	SAN FERNANDO	LOS ANGELES	1	1	0
NORTHEASTERN RURAL HEALTH CLINICS, INC.	SUSANVILLE	LASSEN	0	1	0
OPEN DOOR COMMUNITY HEALTH CENTERS	ARCATA	HUMBOLDT	1	0	1
PEACH TREE CLINIC, INC	MARYSVILLE	YUBA	1	1	0
PETALUMA HEALTH CENTER, INC.	PETALUMA	SONOMA	0	1	0
QUEENSCARE FAMILY CLINICS	LOS ANGELES	LOS ANGELES	1	0	0
REDWOODS RURAL HEALTHCENTER	REDWAY	HUMBOLDT	0	1	0
SAN DIEGO FAMILY CARE	SAN DIEGO	SAN DIEGO	0	1	0
SAN FRANCISCO COMMUNITY CLINIC CONSORT	SAN FRANCISCO	SAN FRANCISCO	1	0	0
SCHOOL HEALTH CLINICS OF SANTA CLARACOUNTY	SAN JOSE	SANTA CLARA	0	1	0
SOLANOCOUNTY HEALTH & SOCIAL SERVICES DEPT.	VALLEJO	SOLANO	0	1	0
SONOMAVALLEYCOMMUNITYHEALTHC ENTER	SONOMA	SONOMA	1	1	0
SOUTHBAYFAMILYHEALTHCARECENTER	TORRANCE	LOS ANGELES	0	1	0
SOUTHCENTRALFAMILYHEALTHCENTER	LOS ANGELES	LOS ANGELES	0	1	0
SOUTHERN TRINITY HEALTH SERVICES	MADRIVER	TRINITY	0	1	0
ST. JOHNSWELLCHILD & FAMILYCENTER	LOS ANGELES	LOS ANGELES	0	1	0
T.H.E. CLINIC, INC.	LOS ANGELES	LOS ANGELES	0	1	0
TULARE COMMUNITY HEALTH CLINIC	TULARE	TULARE	0	1	0
VALLEY COMMUNITY CLINIC	NORTH HOLLYWOOD	LOS ANGELES	0	1	0
VENTURA COUNTY HEALTH CARE AGENCY	VENTURA	VENTURA	1	0	0
VISTA COMMUNITY CLINIC	VISTA	SAN DIEGO	1	0	1
WATTS HEALTHCARE CORPORATION	LOS ANGELES	LOS ANGELES	0	1	0
WEST OAKLAND HEALTH COUNCIL, INC.	OAKLAND	ALAMEDA	0	1	0
WESTERN SIERRA MEDICAL CLINIC	DOWNIEVILLE	SIERRA	1	0	0
WINTERS HEALTHCARE FOUNDATION	WINTERS	YOLO	0	1	0

## Appendix 6: Department of Mental Health's HIT Roadmap



### Electronic Health Record (EHR) System Project Types as of November 1, 2010

County	Project Title	EHR	Infrastruc- ture, Security, and Privacy	Practice Manage- ment	Clinical Data Manage- ment	CPOE	Full EHR with Interoper- ability
Alpine	Electronic Billing and EHR system	X	X	X	X		X
Butte	Infrastructure EHR Viability and Web Site Enhancement	X	X	X	X		
Butte	EHR Eligibility Enhancement and Electronic Labs	X	X	X	X	X	X
Calaveras	Integrated Client Management	X	X		X	X	X
Colusa	Joint Power of Attorney EHR Enhancement	X	X		X		
Contra Costa	Behavioral Health Information System	X	X	X	X	X	X
Fresno	Integrated Mental Health Information System	X	X	X	X		X
Glenn	Infrastructure Upgrade	X	X	X	X		
Inyo	Integrated Behavioral Health Record (Echo ShareCare)	X	X		X		
Humboldt	Integrated Clinical and Administrative Information System	X	X	X	X	X	X
Kern	Communication	X	X				

## California Medi-Cal Health Information Technology Plan

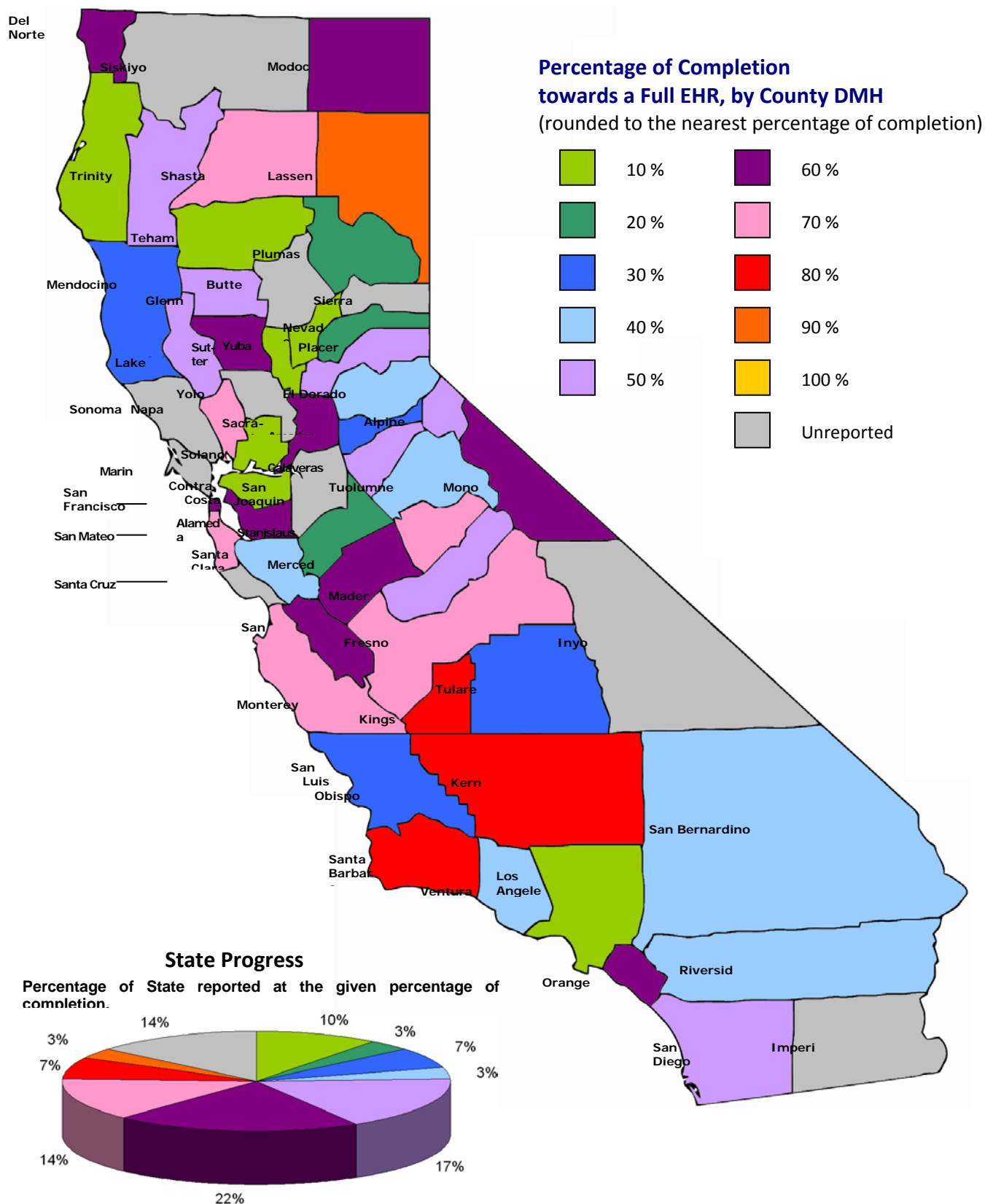
County	Project Title	EHR	Infrastruc- ture, Security, and Privacy	Practice Manage- ment	Clinical Data Manage ment	CPOE	Full EHR with Interoper- ability
	Infrastructure Upgrade (Tele-Psychiatry)						
Kern	Technology Refresh	X	X				
Kern	e-Prescribing	X				X	
Kern	Recovery Oriented Treatment Planning	X			X		
Kern	Personal Health Record	X	X				X
Kern	Batch Interface to MHSA FSP DCR System	X			X		
Lake	Electronic Health Record	X	X	X	X	X	X
Los Angeles	Integrated Behavioral Health Info System	X	X	X	X	X	X
Marin	Practice Management	X		X			
Marin	Scanning	X		X	X		
Marin	E-Prescribing	X		X	X		
Marin	EHR Upgrade (Physician Gateway) and Emergency Backup	X			X		
Merced	Development and Implementation of EHR Application	X	X	X	X	X	
Mono	JPA EHR Enhancement	X	X		X		
Nevada	Behavioral Health EHR System	X	X	X			
Orange	Technology Infrastructure Buildout	X	X				
Placer	EHR System	X	X		X	X	X
Plumas	Conversion to EHR	X	X	X	X	X	X
Riverside	Behavioral Health Info System Implementation	X	X	X	X	X	X
Sacramento	Health Information Exchange (SachIE)	X	X		X	X	X
San Bernardino	EHR	X	X	X	X	X	X
San Bernardino	Empowered Communication/ SharePoint	X	X				
San Bernardino	Behavioral Health Management Info System Replacement	X	X	X	X		
San Bernardino	Virtual Desktop/Server Environment	X	X				
San Diego	Mental Health Management Info System- Anasazi Software Install	X	X	X	X	X	X
San Luis	EHR	X	X	X	X	X	X

## California Medi-Cal Health Information Technology Plan

County	Project Title	EHR	Infrastruc- ture, Security, and Privacy	Practice Manage- ment	Clinical Data Manage ment	CPOE	Full EHR with Interoper- ability
Obispo							
San Francisco	Consumer Connect and Employment	X	X				X
San Mateo	eClinical Care System	X	X	X	X	X	X
Santa Barbara	eClinical Care System	X	X	X	X	X	X
Santa Barbara	eClinical Care System	X	X				
Santa Clara	EHR	X	X	X	X	X	X
Siskiyou	Web-based Data Collection System	X	X				
Stanislaus	EHR System	X	X	X	X	X	X
Solano	EHR Acquisition and Implementation	X	X	X	X	X	X
Sonoma	Implementation of AVATAR – Integrated Clinical Info System	X	X	X	X	X	X
Sutter/Yuba	EHR	X	X				
Trinity	EHR	X	X	X	X	X	
Ventura	Integrated Info Systems Infrastructure	X	X	X	X	X	X
<b>Total</b>		<b>50</b>	<b>43</b>	<b>30</b>	<b>37</b>	<b>25</b>	<b>26</b>



## California Medi-Cal Health Information Technology Plan



## **Appendix 7: California eHealth Partners/Organizations**

*(Asterisks\* denotes program received ARRA/HITECH funding)*

NOTE: This information can also be viewed in more detail at the following address:

<http://www.ehealth.ca.gov/eHealthPartners/tabid/124/Default.aspx>

### **Beacon Grantee—UC San Diego\***

The Beacon Community Cooperative Agreement Program will provide funding to communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to demonstrate the vision of the future where hospitals, clinicians and patients are meaningful users of health IT, and together the community achieves measurable improvements in health care quality, safety, efficiency, and population health. The UC San Diego Health System received a \$15 million grant aimed at partnering with local health entities to improve patient care, safety and efficiency through information technology in the San Diego community.

For more information, go to: <http://health.ucsd.edu/news/2010/5-4-beacon-community.htm> or <http://www.grants.gov/search/search.do?mode=VIEW&oppld=50455>

### **Cal eConnect\***

Cal eConnect is the governance entity designated by the state to provide leadership and implement, with public input, Strategic and Operational Plans already developed by the state. Cal eConnect is also charged with developing a sustainable business model, establishing ground rules and policies to ensure safety and security within HIE, engaging patients (particularly those who are vulnerable and underserved), identifying core HIE services, and arranging for provision of such services. <http://www.caleconnect.org/>

### **Cal eRx**

Cal eRx is an organization promoting e-prescribing (eRx) as part of an electronic health record (EHR) as the standard of care. Its objectives are to inform a statewide plan to ultimately increase provider adoption of e-prescribing, promote payer provision of eligibility and other information, increase pharmacy productivity, and raise confidence and demand amongst consumers and purchasers. <http://www.calerx.org>

### **CalHIPSO\***

Founded by clinical providers from the California Medical Association, the California Primary Care Association, and the California Association of Public Hospitals & Health Systems, the California Health Information Partnership and Services Organization (CalHIPSO) is a non-profit organization that offers a variety of programs and services designed to help clinical providers transition from a paper-based practice to one that successfully uses electronic health records. CalHIPSO is responsible for a wide range of activities related to identifying and signing up physicians for EHRs, vendor vetting, workforce development, regulatory activities, reporting, developing and implementing privacy and security best practices, and group purchasing. CalHIPSO provides services to all of California, except for Los Angeles and Orange counties. <http://www.calhipso.org/>

### **California Department of Public Health**

The California Department of Public Health (CDPH) is working together with state departments, agencies, local health departments, and other organizations to establish safe and secure health information exchange. Our departmental goal is to align public health programs to meet federal requirements for Meaningful Use. We are assessing programs to be able to receive electronic laboratory and syndromic surveillance data from eligible providers and hospitals. We are also researching solutions to improve immunization information exchange between providers and immunization registries within the state. In addition, CDPH is continuing to identify public health programs that are impacted by Meaningful Use and to explore implications to improve public health efficiencies and outcomes. <http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>

### California Health Workforce Alliance (CHWA)\*

The California Health Workforce Alliance (CHWA) seeks to develop and support activities that will educationally and professionally develop more than one million persons. Through a public-private partnership to implement strategies to meet California's emerging health workforce needs, the alliance will link state, regional, and institutional workforce initiatives to reduce duplicated efforts, develop a master plan, and advance current health workforce needs. In the next 30 years, CHWA will develop initiatives that educationally and developmentally prepare more than one million healthcare workers. <http://calhealthworkforce.org/>

### California Telehealth Network (CTN)\*

The California Telehealth Network (CTN) is a program funded by the Federal Communication Commission's Rural Health Care Program. Its aim is to significantly increase access to acute, primary and preventive health care in rural America through the use of telecommunications in healthcare settings. <http://www.caltelehealth.org/>

### California Office of Health Information Integrity (OHII)\*

The California Office of Health Information Integrity (CalOHII) develops new privacy and security standards to enable the adoption and application of HIE in California. CalOHII is also engaged in the expansion of broadband throughout California, the implementation of telehealth, and providing support to the Health Information Technology Financing study. Facilitated by CalOHII, the Privacy and Security Advisory Board (PSAB) develops and recommends the new standards. Adoption of privacy and security standards for HIE will ensure that a person's critical health information can move safely and securely to the point of care. <http://www.ohi.ca.gov>

### CalOptima Regional Extension Center (COREC)\*

Through a \$4.6 million federal grant, CalOptima will serve as Orange County's Regional Extension Center (REC), providing education and technical assistance to primary care physicians as they make the move to the new technology. <http://www.caloptima.org/en/Providers/RegionalExtensionCenter.aspx>

### eHealth Coordinating Committee\*

The eHealth Coordinating Committee is a multi-stakeholder committee created to coordinate various HITECH and eHealth initiatives. The Coordinating Committee, with counsel from five workgroups, identifies services that may be shared by participants and propose plans to fund and coordinate their delivery. This body's goal is to identify barriers to success for the various partners and propose solutions, providing direct assistance where possible and desired. <http://www.ehealth.ca.gov/eHealthPartners/tabid/124/Default.aspx>

### eHealth Advisory Board

The eHealth Advisory Board supports coordinated and collaborative efforts among a diversity of healthcare stakeholders to adopt HIT, exchange health information, and develop and comply with statewide policy guidelines. The Board also seeks to maximize California's competitiveness in applying for federal HIE implementation funding and ensure accountability and transparency in the expenditure of public funds. Finally, the Board aims to improve public health using health information exchange through stronger public health surveillance and emergency response capabilities. <http://www.ehealth.ca.gov/AdvisoryBoards/eHealthAdvisoryBoard/tabid/88/Default.aspx>

### HITEC-LA\*

HITEC-LA is the exclusive federally-designated HIT Regional Extension Center (REC) for Los Angeles County, charged with helping doctors and primary care providers purchase, implement and use electronic health records in a meaningful way. HITEC-LA will help providers assess their technology needs, as well as offer education, training, and on-site technical assistance. <http://www.hitecla.org/>

### MediCal EHR Incentive Program\*

## **California Medi-Cal Health Information Technology Plan**

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) established programs under Medicare and Medicaid to provide incentive payments to eligible professionals and eligible hospitals as they demonstrate meaningful use of certified EHR technology. Beginning in 2011, eligible Medi-Cal providers and hospitals will be able to receive incentive payments to assist in purchasing, installing, and using electronic health records in their practices. <http://www.dhcs.ca.gov/Pages/DHCSOHIT.aspx>

### **Western Regional HIT Consortium\***

To address the need for qualified healthcare workers, the Western Regional HIT Consortium will rapidly create or expand health IT academic programs at community colleges in the Western region, consisting of Arizona, California, Hawaii, and Nevada. Educating health IT professionals will facilitate the implementation and support of EHRs. *(no website available)*

## Appendix 8: Charters

### State of California HEALTH AND HUMAN SERVICES AGENCY eHealth Coordinating Committee Charter

<b>Committee Charter</b>			
<b>Name:</b>	eHealth Coordinating Committee	<b>Co-Chairs:</b>	Chair: Linette Scott Vice-chair: Speranza Avram
<b>Meeting Frequency:</b>	Monthly, with additional conference calls as needed	<b>Consultants:</b>	Christine Schmoeckel, Ashley Stone
<p><b>Reporting Structure:</b> The Committee is convened and chaired by the Deputy Secretary, Health Information Technology, California Health &amp; Human Services Agency. The committee's representation will include ARRA grantees, related eHealth programs, and other stakeholders, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Department of Health Care Services</li> <li>• Department of Public Health</li> <li>• Office of Health Information Integrity (OHII – oversight to the Privacy and Security Advisory Board)</li> <li>• Cal eConnect</li> <li>• Regional Extension Centers</li> <li>• California Telehealth Network</li> <li>• Business, Transportation and Housing Agency</li> <li>• Health IT Workforce representatives</li> <li>• Rural representative</li> </ul> <p>The Committee will work with these and other organizations to make operational policy recommendations to participating members. The Committee will support tight coordination across program activities in a manner that maximizes impact for their beneficiaries. It is expected that the Committee will convene working groups to address specific issues and make recommendations to the Committee and its representatives.</p>			
<p><b>Purpose:</b> The Committee will coordinate various HITECH and eHealth initiatives to support the efforts of California providers and hospitals to become meaningful users of EHRs in a manner that benefits all residents of California.</p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for evaluating and developing operational policies should be a collaborative, open, inclusive, fair and transparent. Such a process will engender trust and collaboration between and among stakeholders.</li> <li>2. The Committee should consider how services and resources across constituents and programs can be shared and leveraged to maximize both program impact and access to available resources and funding.</li> <li>3. The Committee should support and make recommendations to its members and as many providers as possible to enable their meaningful use of electronic health records allowing them to receive their share of the \$4 billion in California for expected meaningful use incentive payments.</li> <li>4. The Committee should endeavor to coordinate state eHealth activities including but not limited to: health information exchange, Medi-Cal's EHR incentive program, regional extension centers, telehealth and broadband, health IT workforce, public health, access to capital markets, and privacy and security policy.</li> </ol> <p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. To create a common eHealth coordinating entity in California that makes operational policy recommendations to those organizations participating in eHealth activities.</li> <li>2. To identify services that may be shared by participants, and propose plans to fund and coordinate their delivery</li> <li>3. To identify barriers to success for the various partners and propose solutions, providing direct assistance where possible and desired.</li> <li>4. To garner support, consensus and buy-in from California stakeholders.</li> </ol>			



**State of California  
Department of Health Care Services  
Medi-Cal EHR Incentive Program**

<b>Workgroup Charter</b>			
<b>Name:</b>	Medi-Cal EHR Program Core Business Process	<b>Co-Chairs:</b>	DHCS Office of Health Information Technology
<b>Meeting Frequency:</b>	Bi-Weekly status (short-term)	<b>Facilitator:</b>	Affiliated Computer Services, Inc. (ACS)
<p><b>Reporting Structure:</b> Membership for this workgroup could include representation from many Divisions within DHCS, medical associations, CHHS and other advocacy groups as deemed appropriate and will report findings and provide recommendations to all stakeholders. Suggested member and/or organizations are listed below:</p> <ul style="list-style-type: none"> <li>Affiliated Computer Services, Inc. (ACS)</li> <li>DHCS, Medicaid Management Information System (MMIS)</li> <li>DHCS, Fiscal Intermediary Contract Oversight Division (FICOD)</li> <li>DHCS, Provider Enrollment</li> <li>Regional Extension Center (REC) representation</li> <li>Medi-Cal Managed Care Division representation</li> <li>Medi-Cal Managed Care Plan representation</li> </ul> <p><b>Linkage to other activities:</b> The activities of the IPA/MG Provider Incentive Workgroup are directly linked to the activities of the DHCS, OHIT in the planning and implementation of the Medi-Cal EHR Incentive Program.</p>			
<p><b>Purpose:</b> This work group will contribute to the development of sound core business policies and processes associated with making Medi-Cal EHR incentive payments.</p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for achieving our goals will be collaborative, open and inclusive.</li> <li>2. The committee's primary focus is to develop efficient core business processes to enroll and make payments to eligible providers and hospitals, including verification, audit, appeals and validation of adoption, implementation or upgrade of certified EHR technology and "meaningful use."</li> </ol>			
<p><b>Goals:</b> Goals and outcomes include those delineated below but will likely evolve as CMS guidance is finalized and State Initiatives continue to be refined.</p> <ol style="list-style-type: none"> <li>1. Advise on methodologies and processes to ensure timeliness and accuracy of enrollment process and payment of incentives.</li> <li>2. Assess and advise on verification and monitoring of providers, including meaningful use.</li> <li>3. Develop policy and procedures for the core business processes to be incorporated into the State Medicaid HIT Plan (SMHP).</li> </ol>			
<p><b>Areas of Responsibility:</b> This work group will provide advice concerning the enrollment and payment processes of the EHR Incentive Program to promote the adoption of EHRs among Medi-Cal providers. Activities will include:</p> <ol style="list-style-type: none"> <li>1. ACS will facilitate the activities of this workgroup.</li> <li>2. Develop a detailed business process for the purpose of enrolling providers into the EHR Incentive Program, including making payments, collecting provider attestations and audit procedures.</li> <li>3. Recommend strategy for continuous improvement of core business processes.</li> <li>4. Develop a strategy to verifying adoption, implementation or upgrade of certified EHR technology and "meaningful use."</li> </ol>			

State of California  
 Department of Health Care Services  
 Workgroup Charter - **DRAFT**

<b>Workgroup Charter</b>			
<b>Name:</b>	Technical Workgroup	<b>Chair:</b>	Richard Swafford
		<b>Co-Chair:</b>	Bill Beighe
<b>Meeting Frequency:</b>	Bi-Weekly (short-term) Quarterly (long-term)	<b>Sponsor:</b>	CalHIPSO
<p><b>Reporting Structure:</b> The workgroup reports its activities to CalHISPO and California e-Health Coordinating Committee.</p> <p><b>Linkage to other activities:</b> The activities of the Technical Workgroup are related to the activities currently being undertaken by CalHIPSO in the development of a selected EHR product list for Primary Care Providers in California. With involvement from Cal eConnect and other state-wide partners, the workgroup will also develop requirements and standards for HIT and HIE systems.</p>			
<p><b>Purpose:</b> This committee will develop requirements documents and product matrix templates to be used in the process of identifying and classifying HIT products including but not limited to the electronic health record (EHR) systems. This committee will track closely current Federal activities related to product certification and other national certification activities related to HIT systems.</p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for achieving our goals will be collaborative, open and inclusive of all organizations.</li> <li>2. With the diversity of needs related to HIT and specifically EHR products in the state, this workgroup will focus on those needs that are the most immediate and pressing in terms of outcomes.</li> <li>3. The committee will participate openly with stakeholders representing a given community of interest and evaluate alternatives related to HIT and HIT adoption across those boundaries.</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Develop an EHR product requirements document focused on four primary provider segments: Small and Solo private practices; primary clinics including CHCs and FQHCs; outpatient clinics and providers associated with Rural and Critical Access Hospitals; and outpatient providers associated with Public Hospitals.</li> <li>2. Identify and develop Product Matrix Templates for HIT products identified as key to the success of various provider groups in the State.</li> <li>3. Focus development of the above documents to include the extension of HIE in all systems and settings.</li> </ol>			
<p><b>Areas of Responsibility:</b></p> <ul style="list-style-type: none"> <li>➤ Good faith participation in a collaborative process involving shared as well as differing interests designed to meet the needs of various provider segments</li> <li>➤ Discussion and refinement of proposed product requirements in an open, collaborative process.</li> <li>➤ Ensuring that all stakeholders are afforded the opportunity to participate in the process</li> </ul> <p>Prioritizing tools and communication needs to inform decision-making</p>			
<p><b>Deliverables:</b></p> <ul style="list-style-type: none"> <li>• EHR Product Requirements Document in time frame developed by CalHIPSO Product Selection Consultant (July-August 2010)</li> <li>• HIT Product Matrix Templates (on-going as needed)</li> </ul>		<p>The following areas are outside of the scope of this Committee:</p> <p>In the short-term, HIT/HIE product requirements beyond those needed by CalHIPSO for its EHR-product selection process to be completed August 2010</p>	



## California eHealth Coordinating Committee

### HIT Workforce Workgroup

#### Workgroup Charter

Name:	eHealth HIT Workforce Workgroup	Co-Chairs:	Linda Zorn (eHealth Workforce Alliance) Jeff Oxendine (UC Berkeley Health Policy Management)
Meeting Frequency:	Biweekly	Sponsor:	CA Health and Human Services Agency
<p><b>Reporting Structure:</b> Coordination is handled by the office of the California Health and Human Services, Deputy Secretary for Health IT, California Health Workforce Alliance, the Region B California Community Colleges HIT Consortium and the regional extension centers. Communication will be open and broadly disseminated.</p> <p><b>Linkage to other activities:</b> The workgroup shall work collaboratively with other entities engaged in eHealth activities, including the eHealth Coordinating Committee, Regional Extension Centers (RECs), the Medi-Cal EHR Incentive program, Cal eConnect and other eHealth stakeholders.</p>			
<p><b>Purpose:</b> The California eHealth Workforce Workgroup (Workforce Workgroup) is a collaborative of stakeholders interested in assuring the needs of the state for health IT support and expertise are well met by:</p> <ol style="list-style-type: none"> <li>1) serving as the convenor and coordinator among existing HIT workforce efforts to ensure communication, efficiency, valuable connections and goal achievement and</li> <li>2) updating the CHHS strategic plan and projections for HIT workforce</li> <li>3) coordinating implementation and adjustment of the strategic plan and</li> <li>4) launching or serving as the catalyst for specific programs such as HIT internships.</li> <li>5) Coordinating with and supporting the educational providers in the deployment of ONC HIT professional workforce development programs</li> <li>6) Working to align employer workforce needs with academic training and production</li> <li>7) Facilitating internship and job placement of HIT trainees and workers</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Develop a consortium of fourteen community colleges linked through the region of California, Arizona, Nevada, and Hawaii to implement national curriculum.</li> <li>2. Design instructional programs for six key workforce roles that result in effective workforce entry and performance by completers.</li> <li>3. Design flexible programs of study of 6 months duration or less, that accommodate each trainee's skill gaps and be flexibly designed to allow each trainee to enroll in just those courses he or she needs to attain the desired level of competency.</li> <li>4. Build coursework to be offered online as well as on-ground and that can be used across a wide geography and across variable learning management system platforms.</li> <li>5. Build the training capacity of the consortium to average 150 students annually per college, and a total annual enrollment of 1,650 students across the Consortium.</li> <li>6. Begin training by September 30, 2010, using curriculum that has been developed nationally in a companion HHS project.</li> <li>7. Connect training completers to job opportunities.</li> </ol>			
<p><b>Areas of Responsibility:</b> <b>The California eHealth Workforce Alliance (CHWA)</b> is a public-private partnership dedicated to the implementation of coordinated, systematic strategies to meet California's emerging health workforce needs. CHWA partners include: academic medical centers, associations, community colleges, community health centers, community-</p>			

**State of California**  
**Department of Health Care Services**  
**Workgroup Charter - *DRAFT***

<b>Workgroup Charter</b>			
<b>Name:</b>	Independent Physician Association (IPA)/Medical Group (MG) Provider Incentive Workgroup	<b>Co-Chairs:</b>	Bill Barcellona Eileen Moscaritolo
<b>Meeting Frequency:</b>	Bi-Weekly (short-term) Quarterly (long-term)	<b>Sponsor:</b>	DHCS
<p><b>Reporting Structure:</b> The workgroup reports its activities to the DHCS and California e-Health Coordinating Committee.</p> <p><b>Linkage to other activities:</b> The activities of the IPA/MG Provider Incentive Workgroup are directly linked to the activities of the DHCS, OHIT in the planning and implementation of the Medi-Cal EHR Incentive Program and the coordination activities between the statewide HIE-GE (Cal e-Connect), the Regional Extension Centers, CHHS and external stakeholders.</p>			
<p><b>Purpose:</b> This committee will address the current EHR adoption landscape among California's independent physician associations (IPAs) and medical groups and develop the HIT "roadmap" DHCS and other HIE entities need to facilitate the administration of the Medi-Cal EHR Incentive Program and to ensure the maximum number of California providers achieve "meaningful use" of EHR technology.</p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for achieving our goals will be collaborative, open and inclusive of all organizations.</li> <li>2. Engaging the IPA's and medical groups is essential to the development of the State Medicaid HIT Plan (SMHP), including identifying current HIT workforce, leveraging existing operational support infrastructure, measuring performance, and increased monitoring.</li> <li>3. The committee's primary focus is to develop and recommend a systematic approach to the coordination of HIT/HIE resources delivered through IPA's and medical groups to support Medi-Cal providers in EHR adoption and achievement of "meaningful use".</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Develop the "as-is" environmental scan of EHR adoption among providers practicing in IPA's and medical groups.</li> <li>2. Identify potential eligible providers and prioritize implementation in a coordinated plan with the Regional Extension Centers.</li> <li>3. Leverage existing statewide HIE funding and workforce resources to maximize the number of providers achieving "meaningful use"</li> </ol>			
<p><b>Areas of Responsibility:</b></p> <ul style="list-style-type: none"> <li>➤ Good faith participation in a collaborative process involving shared as well as differing interests</li> <li>➤ Discussion and refinement of proposed policies and procedures in an open, collaborative process.</li> <li>➤ Ensuring that all stakeholders are afforded the opportunity to participate in the process</li> <li>➤ Prioritizing tools and communication needs to inform decision-making</li> </ul>			
<p><b>Deliverables:</b></p> <ul style="list-style-type: none"> <li>• IPA/MG HIT Environmental Scan</li> <li>• Projected program eligibility among IPA/MG providers</li> <li>• IPA/MG Implementation and Strategic Plan for submission in the SMHP</li> </ul>		<p><b>The following areas are outside of the scope of this Committee:</b></p> <ul style="list-style-type: none"> <li>➤ Privacy and Security Policy</li> <li>➤ Research Requests and Public Records Act Requests</li> </ul>	

## Appendix 9: Assembly Bill No. 278

### Assembly Bill No. 278

#### CHAPTER 227

An act to add and repeal Division 109.6 (commencing with Section 130275) of the Health and Safety Code, relating to health information.

[Approved by Governor September 23, 2010. Filed with  
Secretary of State September 24, 2010.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 278, Monning. Health information exchange: demonstration projects. Existing law establishes the Office of Health Information Integrity within the California Health and Human Services Agency to ensure the enforcement of state law mandating confidentiality of medical information and to impose administrative fines for the unauthorized use of medical information. Existing law authorizes the California Health and Human Services Agency, or one of the departments under its jurisdiction, to apply for federal funds made available through the federal American Recovery and Reinvestment Act of 2009 (ARRA) for health information technology and exchange.

This bill would authorize the office to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders. This bill would authorize health care entities or governmental authorities, as defined, that receive, share, exchange, or use a California resident's medical information to submit an application with the office to be approved as demonstration project participants, as defined. The bill would authorize the office to approve annually up to 4 projects as demonstration projects. The bill would require any costs associated with the support, assistance, and evaluation of approved demonstration projects to be funded exclusively by the above-described federal funds or other non-General Fund sources. The bill would require the office to report to prescribed committees of the Legislature within 6 months after the end of the project.

This bill would become inoperative on the date the Director of the Office of Health Information Integrity executes a declaration stating that the grant period for the above-described federal funds has ended, and as of that date would be repealed.

*The people of the State of California do enact as follows:*

SECTION 1. Division 109.6 (commencing with Section 130275) is added to the Health and Safety Code, to read:



## DIVISION 109.6. HEALTH INFORMATION EXCHANGE PRIVACY AND SECURITY DEMONSTRATION PROJECTS

130275. The Legislature finds and declares all of the following:

(a) There is a need to enhance California's ability to obtain and use federal funding, as awarded in the State Cooperative Grant Agreement for health information exchange, for the establishment of statewide health information exchange infrastructure in California. The California Health and Human Services Agency is authorized by the Legislature, under Section 130255, to use those federal funds to achieve that purpose.

(b) Health information exchange has the potential to significantly improve the quality of treatment and care, reduce unnecessary health care costs, and increase administrative efficiencies within the health care system. The application of health information exchange technology to manage health information will also have a significant impact on consumers, health care facilities, and licensed health care providers.

(c) Current laws may not adequately protect privacy, or may impose obstacles to the exchange of vital health information, as required by the State Cooperative Grant Agreement for health information exchange and other federal health information funding programs.

(d) It is the intent of the Legislature to authorize the Office of Health Information Integrity within the California Health and Human Services Agency to establish and administer demonstration projects funded by federal grants and other sources. It is the intent of the Legislature that the demonstration projects do all of the following:

- (1) Identify barriers to implementing health information exchanges.
- (2) Test potential security and privacy policies for the safe and secure exchange of health information, including, but not limited to, issues related to access to, and storage of, individual health information.
- (3) Identify and address differences between state and federal laws regarding privacy of health information.

130276. For purposes of this division, the following definitions apply:

(a) "Demonstration project" means a project approved and administered by the office in accordance with this division and the State Cooperative Grant Agreement for health information exchange or any other similar grant or grants.

(b) "Demonstration project participant" means a health care entity that is approved by the office to participate in a demonstration project.

(c) "Director" means the Director of the Office of Health Information Integrity.

(d) "Governmental authority" means any municipal, county, state, or other governmental entity that has jurisdiction and control over the provision of, or payment for, medical services or that routinely receives medical information to complete its designated governmental function.

(e) "Health information exchange service participant" means a health care entity that has voluntarily agreed to use the health information exchange services developed in accordance with this division.

(f) “Meaningful use” means the term as defined in the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act) (Public Law 111-5) and the regulations promulgated thereunder.

(g) “Office” means the Office of Health Information Integrity.

(h) “State Cooperative Grant Agreement” means the grant agreement between the federal government and the state in which the federal government awarded the state with grant money pursuant to the HITECH Act in February 2010.

130277. The director may adopt regulations to ensure all approved health information exchange service participants and demonstration project participants follow rules, and work within parameters, as defined by the office, that are consistent for the exchange of information.

130278. Before adopting regulations pursuant to Section 130277, the office shall adopt the following standards:

(a) At least 45 days prior to adoption, the office shall post a proposed regulation on its Internet Web site. Public comment shall be accepted by the office for at least 30 days after the proposed regulation is posted. If a member of the public requests a public hearing during the 30-day review period, the hearing shall be held prior to adoption of the regulation. The process described in this subdivision shall apply to the adoption of new regulations and to changes to existing regulations.

(b) Adoption of, and changes to, regulations adopted pursuant to this division shall not be subject to the rulemaking requirements of Section 11343.4 and Article 5 (commencing with Section 11346) and Article 6 (commencing with Section 11349) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code.

(c) The director shall file any regulation adopted pursuant to Section 130277 with the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations. Any regulation filed with the Office of Administrative Law pursuant to this subdivision shall include a citation to this section and any other applicable state or federal laws as providing authority for the adoption of the regulation.

(1) Any regulation adopted pursuant to Section 130277 shall become effective on the date it is filed with the Secretary of State unless the director prescribes a later date in the regulation or in a written instrument filed with the regulation.

(2) Any regulation adopted pursuant to Section 130277 shall expire the date that this division is repealed.

130279. (a) The California Health and Human Services Agency, through the office, may establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders.

(b) Health care entities or governmental authorities, that receive, share, exchange, or use a California resident’s medical information, may submit an application with the office to be approved as demonstration project



## California Medi-Cal Health Information Technology Plan

participants. Upon receiving an application, the office shall do both of the following:

(1) Assist applicants in soliciting federal funds for the demonstration projects.

(2) Work with applicants to define the scope of the demonstration project.

(c) The director may approve demonstration projects to test for, but not limited to, any of the following areas:

(1) Policies and practices related to patient consent, informing, and notification.

(2) New technologies and applications that enable the transmission of protected health information, while increasing privacy protections by ensuring only required health data is transmitted for purposes and uses consistent with state and federal law.

(3) Implementation issues, if any, encountered by small solo health care providers as a result of exchanging electronic health information.

(d) The selection of demonstration projects shall be based on, but not limited to, the following criteria:

(1) Areas critical to building consumer trust and confidence in the health information exchange system.

(2) Projects that help support the exchange of information critical to meeting the federal meaningful use provisions.

(3) Areas recommended by the California health information exchange consumer and industry stakeholder advisory process.

(e) The office shall engage with health care stakeholders to evaluate issues identified by the demonstration projects, comment upon proposed regulations, and discuss solutions for health information exchange.

(f) The office may annually approve up to four projects, as demonstration projects.

(g) The office shall work collaboratively with approved demonstration project participants to identify a set of common data elements that will be used to collect, analyze, and measure performance.

(h) The office shall receive reports from the demonstration project participants on the outcome of the demonstration projects no later than 60 business days after the end of the demonstration project.

130280. (a) The office shall review the results of a demonstration project and, notwithstanding Sections 9795 and 10231.5 of the Government Code, shall report those results to the Joint Legislative Budget Committee, the Senate Committee on Appropriations, the Senate Committee on Budget and Fiscal Review, the Senate Committee on Health, the Assembly Committee on Appropriations, the Assembly Committee on Budget, and the Assembly Committee on Health within six months after the end of a demonstration project.

(b) The demonstration projects carried out utilizing federal grant funds may be subject to federal auditing provisions.

130281. Any costs associated with the support, assistance, and evaluation of approved demonstration projects shall be funded exclusively by federal funds or other non-General Fund sources.

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130282. This division shall become inoperative on the date the director executes a declaration stating that the grant period for the State Cooperative Grant Agreement for health information exchange has ended, and as of that date is repealed.



## Appendix 10: CalOHII Demonstration Projects



### California Office of Health Information Integrity (CalOHII)

### REQUEST FOR APPLICATION

### Health Information Exchange Demonstration Projects For 2011

January 14, 2011

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## California Medi-Cal Health Information Technology Plan

### A. Call for Application to Participate in Health Information Exchange Demonstration Projects

The California Office of Health Information Integrity (CalOHII) is calling for applications from qualified entities to participate in the electronic health information exchange (HIE) demonstration projects. Qualified entities can include, but are not limited to, those awarded federal grants or funds such as the Beacon Community or Recovery Act Funds to Expand Use of Health Information Technology (HIT). Eligible entities should already be exchanging health information electronically or will be implementing that capability in 2011. Entities that plan to operationalize their exchange after 2011 may apply for future calls for demonstration projects.

Demonstration project participants will be testing electronic HIE privacy and security policies that will not only address the feasibility of implementation and gauge the implementation impact, but identify the need for standardization across all participating health care entities as the Participants gauge the impact of the policies. Participation in the demonstration projects will provide the Participants with clarification on privacy and security issues, protection and mitigation of legal risks, and the structure to facilitate valuable and appropriately safeguarded testing of policies within the demonstration projects regulations. This will allow the Participants to be engaged in the most advanced electronic exchange of health information environment in California as the State looks to the future.

By helping to develop implementation strategies consistent with the demonstration projects regulations, participating entities will be contributing to inform the CalOHII and HIE stakeholders on the critical privacy and security policy issues, identifying new and innovative privacy and security practices that enhance consumers trust and confidence with electronic exchange of health information. Results from the demonstration projects will inform the California legislature of the outcomes, best practices, and the need for harmonization with federal privacy and security law.

Applications must be submitted to CalOHII by 5:00 PM, **March 7, 2011**.

#### A.1 Description of Terms

The following terms are used in this Request for Application:

- “Request for Application” shall be called “application” for purposes of this document.
- “Applicant” shall mean any entity responding to this Request for Application.
- “Participant” shall mean any entity approved by CalOHII as a demonstration project participant.
- Health Information Exchange (HIE) shall mean the electronic movement of health-related information among organizations according to nationally recognized standards. (Office of National Coordinator, Defining Key Health Information Technology Terms, April, 28, 2008)

### B. Background

CalOHII's role and responsibilities specifically in the area of health information exchange includes the following:

- Administration of the State Cooperative Agreement for Health Information Exchange;



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- Facilitation and support of the California Privacy and Security Board (CalPSAB) process for CHHS that advises and recommends privacy and security policies for California Healthcare stakeholders including consumers; and
- Implementation of the provisions of Assembly Bill 278 (2010, Chapter 227)

As authorized by AB 278, CalOHII is to establish and administer demonstration projects funded by federal grants and other sources. The demonstration projects are to do all of the following:

- (1) Identify barriers to implementing health information exchanges.
- (2) Test potential security and privacy policies for the safe and secure exchange of health information, including, but not limited to, issues related to access to, and storage of, individual health information.
- (3) Identify and address differences between state and federal laws regarding privacy of health information.

Additionally, as authorized, CalOHII will adopt regulations to ensure that all approved health information exchange service participants and demonstration project participants follow consistent rules and work within those parameters as they are engaged in the exchange of health information.

### C. Participant Requirements

The demonstration projects will be testing specific areas of policy interest and importance in the electronic health information exchange landscape that are in alignment with California Health Information Exchange Strategic and Operational Plans. Approved projects will be operating under CalOHII's demonstration project regulatory authority and direction.

In the course of the demonstration project, the Participant will be required to have the ability to develop new or modify their current privacy and security procedures and practices to conform to demonstration project regulations issued by CalOHII. This is to ensure that all health information exchange that occurs within the demonstration project authority is consistent to and within the parameters of state established policies. Therefore, the Participant will be bound by the regulations established by the AB 278 authority.

Applicants for the demonstration projects are required to be California-based entities with a high level of preparedness in carrying out project management, research, and privacy and security policy testing for the electronic exchange of health information.

Participants receiving federal funding for the electronic exchange of health information, will be required to meet the ARRA reporting specifications for the HIE demonstration project.

#### C.1 Detailed Specifications for 2011

Many privacy and security policy areas have been the subject of intense deliberations both nationally and within California. Demonstration projects will be identified based on deliberations and collaborative efforts of stakeholders participating in the CalPSAB process. Through the collaborative process of the CalPSAB, specific policy areas have been and will continue to be identified for testing.

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As an example, in order to develop more specific, effective, and feasible policies consistent with the patient informing and opt-in consent, CalOHII will be seeking participants that will implement procedures consistent with the opt-in policy that will inform CalOHII on the impact on a number of factors associated with the implementation of this policy. These factors include but are not limited to the following:

- Impact on consumer confidence with HIE;
- Additional educational and administrative impacts on different types of healthcare providers such as large integrated health systems, individual practices, clinics, labs, etc; and
- Identification of technical solutions that support the policies

It is through the demonstration projects that CalOHII will obtain objective and qualitative data on the impact of the recommended policies. It is anticipated that the lessons learned from the demonstration projects will help healthcare providers identify the key factors for a successful implementation of these policies. Demonstration projects will also help CalOHII and California stakeholders identify those policy considerations that will positively contribute to promoting the quality of care, enhancing trust, and enabling the electronic exchange of individual health information. Through these demonstration projects, CalOHII is aiming to also understand the feasibility, need for technical standards, effects on patient care, value of privacy protection, and the benefits and costs of the privacy and security policies being tested.

For calendar year 2011, CalOHII is seeking demonstration project participants that will propose comprehensive implementation strategies for the identified demonstration project. The goals of each demonstration project will include:

- Determine operational feasibility of implementing the policy;
- Determine operational feasibility of implementing an electronic HIE process;
- Discover issues associated with the operationalization of the policy; and
- Develop and propose policy solutions.

Cal OHII will, in the future, seek participants for demonstration projects, as allowed through AB 278, for calendar years 2011, 2012, 2013, and 2014. CalOHII will initially select demonstration projects for calendar year 2011 through this Request for Application. CalOHII will issue subsequent Request for Applications for future demonstration projects.

### C.2 Scope of Demonstration Project Activities

#### Task 1: Project Start Up

The Participant will perform the following project start up tasks:

- Allocate sufficient and knowledgeable staff for required tasks associated with the HIE demonstration project.
- Develop the procedure for the policy that your project will be implementing and testing, including forms and education materials.
- Work with CalOHII staff to determine project team members and roles.
- Work with CalOHII staff to define specific measurable objectives for the demonstration project.



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- Work with CalOHII staff to identify deliverables associated with the specific HIE demonstration project.
- Work with CalOHII staff to determine resources necessary for the demonstration project including staff and materials (education materials, forms, etc...).

### Task 2: Data Collection

The Participant will collect data as specified by CalOHII for each demonstration project. Data collection will include both quantitative and qualitative data. For example, in the case of access controls, the types of data collected could include, but would not be limited to:

- Type(s) of access control mechanisms, number of users, etc.
- Information technology map (hardware/software applicable for implementing access control methodology)
- Estimated one time and recurring maintenance costs/requirements
- Length of time required to implement access controls
- End user training required (cost, resources, and scope)
- User surveys (questions on issues such as problems encountered in use of the mechanism, degree of security enhancement, etc.)

Specific, measurable objectives will be discussed with the Participant during start up. CalOHII will negotiate with the Participant regarding the measures and the data collection process.

### Task 3: Compliance Certification

The Participant will be required to certify that the Participant is currently in compliance with state and federal law pertaining to the exchange of health information. If in the course of the demonstration projects, CalOHII identifies a significant variation to compliance, the Participant must ensure and prove baseline compliance in order to remain a demonstration project.

### Task 4: Independent Project Evaluator (optional)

Analysis of the results of the demonstration project will be performed by a third party project evaluator. The Participant may provide an independent project evaluator for the demonstration project or CalOHII will provide one. The project evaluator must be available at the start of the demonstration project.

## C.3 Deliverables and Milestones

Participant shall submit all applicable deliverables and reports on time, as described in this RFA, including additional documentation as required by CalOHII to the CalOHII Contract Manager. Deliverable due dates will be established by CalOHII.

## C.4 Reporting Requirements

### a. Project Updates and Status Reports

The following requirements apply to the Participant for the duration of the demonstration project:

- Monitor and provide status report to CalOHII on the HIE demonstration project's progress.

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- Generate summary reports on measurable outcomes of the HIE demonstration project
- Generate annual report - Annual reports are due to CalOHII no later than sixty (60) calendar days following the close of the reporting period.

**Status reports include a list of accomplishments by the Participant in the previous period, projected tasks for the upcoming period as well as identification of any issues/risks that could impact the timely completion of tasks.** All reports are subject to revision by CalOHII during the demonstration project period.

### b. Communications with CalOHII

For the duration of each demonstration project, Participant's staff shall work in coordination with the CalOHII office and are to be available for conference calls and/or meetings. Work plans shall be developed with specific milestones and projected due dates for outcomes in negotiation with and approved by CalOHII. Regular communication with CalOHII staff and management is required on the progress of the demonstration project and will include monthly meetings by webinar or in-person.

### D. Point of Contact

The CalOHII Contract Manager is the point of contact for issues regarding this project.

Name	Phone	Email	Title
Azadeh Mohandessi-Fares	916.651.3364	amohande@ohi.ca.gov	Privacy Manager

### E. Controls and Change

CalOHII and the Participant selected to carry out the demonstration project will sign a Memorandum of Understanding (MOU) or Cooperative Grant Agreement (CGA) specifying in detail the responsibilities of the parties to the MOU or CGA.

If unanticipated changes in the project deliverables are required during the course of the demonstration project, the Participant shall document the changes in a change control document. The Participant shall request approval of said changes in writing from the CalOHII Contract Manager. At the time the Participant or CalOHII identifies an unavoidable change that will require modification of the MOU or other issues materially affecting MOU deliverables, CalOHII may require all work to stop on the impacted objective until the changes are approved, or as CalOHII otherwise indicates.

### F. Key Participant Personnel

The Participant shall designate qualified key personnel who will be responsible for the completion of all tasks during the engagement and who will perform the work necessary to accomplish the tasks defined above. Key personnel shall demonstrate the appropriate skills to perform the responsibilities indicated in this RFA.

Personnel commitments made in the Participant's proposal shall not be changed without prior written approval of the CalOHII Contract Manager, unless due to the resignation or death of any named individual. Staffing shall include these named individuals at the levels of effort



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proposed. In addition to these key staff, the Participant shall supply suitably knowledgeable staff necessary to complete the required deliverables within the Participant's proposed timeframes.

CalOHII shall be notified in writing of any changes to the staff who are assigned to perform tasks within each demonstration project or of changes to the tasks assigned to each staff member. CalOHII reserves the right to require the removal of any member of the Participant's staff of the demonstration project.

### F.1 Cost

The costs associated with each HIE demonstration project will be the responsibility of the Participant and CalOHII will not absorb such costs. These costs include but are not limited to travel costs, office equipment and stationary, information technology upgrades, research, data aggregation, and staff and/or management training.

CalOHII may provide limited grant funding to help offset some eligible expenses to an approved small, non-profit Participant. These approved demonstration projects could receive the funds toward use for eligible costs to implement, maintain, or complete the demonstration project.

Participants receiving ARRA funds are required to comply with the ARRA-mandated supplemental terms and conditions. Please see Attachment A for further information.

### F.2 Timeframes

Events	Dates
Release of RFA	January 14, 2011
Deadline for submitting material questions about the RFA	January 19, 2011
Responses to applicant questions	January 24, 2011
RFA response submission due date and time	March 7, 2011
<b><i>Applications will not be accepted after the deadline.</i></b>	
Announcement of approved demonstration project applications	Approximately: April 7, 2011

## G Terms and Conditions

### G.1 Terms

The anticipated term of this demonstration project is one year. The life of a demonstration project could extend beyond one year in accordance with the scope of the demonstration project. The need to extend the demonstration project shall be identified and justified by the Participant, and communicated to CalOHII in writing. Upon receiving the request for extension and negotiation with the Participant CalOHII may exercise its option to extend the demonstration project.

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### G.2 Acceptance of Deliverables and Milestones

All deliverables will be reviewed and are subject to approval by CalOHII. Deliverable due dates will reflect those approved by CalOHII.

## H Submission Requirements

### H.1 RFA Response Deadline

CalOHII must receive responses to this RFA post marked no later than 5:00 p.m. PST on **March 7, 2011**, at the Health and Human Services Agency, in the CalOHII office located at 1600 9<sup>th</sup> Street, Room 460 Sacramento, California 95814

**Responses must be clearly marked with the “Proposal for Health Information Exchange Demonstration Projects for 2011” on the mailing label.** Hard copy material must be in two copies and each copy bound separately. Responses will not be accepted after the deadline. In addition, an electronic copy of the RFA response must be emailed no later than 5:00 p.m. PST on **March 7, 2011** to [amohande@ohi.ca.gov](mailto:amohande@ohi.ca.gov) and [sgoodwin@ohi.ca.gov](mailto:sgoodwin@ohi.ca.gov).

### H.2 RFA Response Content

- A. Responses to the Participant Requirements – Applicants must include an application that demonstrates the following:
- 1) Understanding of the CalOHII mission and California Health Information Exchange Strategic and Operational Plans;
  - 2) Knowledge of California Privacy and Security Advisory Board stakeholder process;
  - 3) In depth knowledge of all state statutes and federal rules related to privacy and security and the exchange of health information including but not limited to CMIA, HIPAA, and HITECH; and
  - 4) Description of the organization’s ability and readiness to carry out the demonstration project in 2011, including but not limited to staffing and technological capability.

### H.3 RFA Response – Additional Information

The following documents must be submitted in the RFA response:

- Applicant information sheet (see Attachment B);
- Applicant organizational chart;
- Applicant staffing for the demonstration project;
- References – Provide a minimum of two (2) customer references from previous projects, including the reference name, contact person, phone number and date (month/year) worked, that are similar in nature to the work outlined in the RFA; and
- Estimated budget to accomplish the activities described in section C.2.

Failure to submit any of the content specified in this Section will be considered a material deviation to the instructions and will be factored in the scoring of proposals.



## I Evaluation Process

### I.1 Scores

Each application will be scored under a "Best Value" method. The maximum points to be awarded are 50. Under this method, each response will receive scores for the technical response, readiness, and, if necessary, for the interview. For this RFA, a maximum of 10 points will be given for experience and staff skills' set, a maximum of 15 points to the applicant's preparedness, a maximum of 10 points to reporting and communication readiness, a maximum of 10 points to the quality of the response, and a maximum of 5 points will be given the interview, if needed. The applicant receiving the highest score will be offered to be the Participant of this demonstration project.

### I.2 Evaluation Criteria

A. Submission Requirements – Each application will be reviewed to see if there has been any material deviation to the submission requirements. Proposals that have a material deviation will be scored accordingly. Material deviations include a submission after the deadline or failing to submit critical information specified in the RFA necessary for scoring the application.

#### B. Response Score Evaluation (50 points)

The following rating criteria are the evaluation criteria that will be used by the State to evaluate the applicant's technical response to this RFA. The numbers in parenthesis represent the maximum possible value for each of the criteria, with a maximum overall total of 15 points.

- 1) The level of experience, knowledge, and skills of the staff assigned: **(10 points)**
  - Possession of a project management certification (i.e. PMP), a graduate degree in law or medicine or in one of the disciplines in the Health and Human Services area, and/or significant State experience in the HIE privacy and security area by the project manager will be considered in scoring.
- 2) A review of the applicant's preparedness: **(15 points)**
  - Did the applicant include a minimum of two (2) references from previous projects that are similar in nature (e.g. HIE privacy and security, research, project management and policy testing) to the work outlined in this RFA? The references for each demonstration project should include contact name, telephone number and the project duration dates (month and year).
  - Is a description of the applicant's proposed project included?
  - Do relevant factors of Applicant experience include any of the following:
    1. HIE projects;
    2. Privacy policy testing;
    3. Security policy testing;
    4. Government privacy/security projects;
    5. CalOHII privacy/security projects;
    6. HIPAA standards organization participation;
    7. HITECH policy development participation;
    8. Analytical ability in policy issue areas;
    9. Skills, resourcefulness and innovative ability in implementing new policy requirements in a multi-stakeholder environment;
    10. Prompt attention to client needs;

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11. Reliability in meeting due dates for deliverables;
  12. The ability to pinpoint the problems or issues requiring a solution;
  13. The ability to state the goals and principal and subordinate objectives of the demonstration project(s); and
  14. The ability to research and identify other similar successful HIE demonstration projects that may have implications for the current demonstration project(s).
- 3) The extent to which the application clearly identified how reporting is to be provided over the life of the demonstration project, consistent communication with CalOHII senior management, and when deliverables are proposed for delivery. **(10 points)**
  - 4) The extent to which the applicant's response is clearly written, well organized, complete, accurate, and reflective of a high level of professionalism. The level of writing skills exhibited in the response should be appropriate for the performance required of the applicant. The response should indicate that care and effective business practices were followed in the applicant's preparation of the response as evidence of a high standard for work products. **(10 points)**

### C. Interviews

The top three scores or all applicants within five points of the highest score, whichever is smaller, after the technical scores are calculated may be required to complete an interview with designated management in CalOHII. If an applicant declines or fails to complete the interview, no points will be awarded and the applicant's final score will be based on the first two categories only. **(5 points)**



## Attachment A

### Supplemental Federal Terms and Conditions

Bidders must comply with the ARRA-mandated supplemental terms and conditions for contracts using ARRA funds.

#### SUPPLEMENTAL TERMS AND CONDITIONS FOR CONTRACTS USING ARRA FUNDS

1. **ARRA FUNDED PROJECT:** Funding for this contract has been provided through the American Recovery and Reinvestment Act (ARRA) of 2009, Pub. L. 111-5. All contractors, including both prime and subcontractors, are subject to audit by appropriate federal or State of California (State) entities. The State has the right to cancel, terminate, or suspend the contract if any contractor or subcontractor fails to comply with the reporting and operational requirements contained herein.
2. **ENFORCEABILITY:** Contractor agrees that if Contractor or one of its subcontractors fails to comply with all applicable federal and State requirements governing the use of ARRA funds, the State may withhold or suspend, in whole or in part, funds awarded under the program, or recover misspent funds following an audit. This provision is in addition to all other remedies available to the State under all applicable State and federal laws.
3. **PROHIBITION ON USE OF ARRA FUNDS:** Contractor agrees in accordance with ARRA, Section 1604, that none of the funds made available under this contract may be used for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pools.
4. **REQUIRED USE OF AMERICAN IRON, STEEL AND OTHER MANUFACTURED GOODS:** Contractor agrees that in accordance with ARRA, Section 1605, neither Contractor nor its subcontractors will use ARRA funds for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel and manufactured goods used in the project are produced in the United States in a manner consistent with United States obligations under international agreements. The Contractor understands that this requirement may only be waived by the applicable federal agency in limited situations as set out in ARRA, Section 1605.
5. **WAGE RATE REQUIREMENTS:** In accordance with ARRA, Section 1606, the Contractor assures that it and its subrecipients shall fully comply with said Section and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the federal government pursuant to ARRA shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the United States Secretary of Labor in accordance with Subchapter IV of Chapter 31 of Title 40, United States Code (Davis-Bacon Act). It is understood that the Secretary of Labor has the authority and functions set forth in Reorganization Plan Numbered 14 or 1950 (64 Stat. 1267; 5 U.S.C. App.) and Section 3145 of Title 40, United States Code.
6. **INSPECTION OF RECORDS:** In accordance with ARRA Sections 902, 1514 and 1515, Contractor agrees that it shall permit the State of California, the United States Comptroller General or his representative or the appropriate Inspector General appointed under Section 3 or 8G of the United States Inspector General Act of 1978 or his representative to: (1) examine any records that directly pertain to, and involve transactions relating to, this contract; and (2) interview any officer or employee of Contractor or any of its subcontractors regarding

## California Medi-Cal Health Information Technology Plan

the activities funded with funds appropriated or otherwise made available by the ARRA. Contractor shall include this provision in all of the contractor's agreements with its subcontractors from whom the contractor acquires goods or services in its execution of the ARRA funded work.

**7. WHISTLEBLOWER PROTECTION:** Contractor agrees that both it and its subcontractors shall comply with Section 1553 of the ARRA, which prohibits all non-federal Contractors, including the State, and all contractors of the State, from discharging, demoting or otherwise discriminating against an employee for disclosures by the employee that the employee reasonably believes are evidence of: (1) gross mismanagement of a contract relating to ARRA funds; (2) a gross waste of ARRA funds; (3) a substantial and specific danger to public health or safety related to the implementation or use of ARRA funds; (4) an abuse of authority related to implementation or use of ARRA funds; or (5) a violation of law, rule, or regulation related to an agency contract (including the competition for or negotiation of a contract) awarded or issued relating to ARRA funds. Contractor agrees that it and its subcontractors shall post notice of the rights and remedies available to employees under Section 1553 of Title XV of Division A of the ARRA.

**8. FALSE CLAIMS ACT:** Contractor agrees that it shall promptly notify the State and shall refer to an appropriate federal inspector general any credible evidence that a principal, employee, agent, subcontractor or other person has committed a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving ARRA funds.

**9. REPORTING REQUIREMENTS:** Pursuant to Section 1512 of the ARRA, in order for state agencies receiving ARRA funds to prepare the required reports, Contractor agrees to provide the awarding state agency with the following information on a monthly (quarterly) basis:

- a. The total amount of ARRA funds received by Contractor during the Reporting Period;
- b. The amount of ARRA funds that were expended or obligated during the Reporting Period;

c. A detailed list of all projects or activities for which ARRA funds were expending or obligated, including: **SUPPLEMENTAL TERMS AND CONDITIONS FOR CONTRACTS USING ARRA FUNDS** 08/10/09

- (i.) The name of the project or activity;
- (ii.) A description of the project or activity;
- (iii.) An evaluation of the completion status of the project or activity; and
- (iv.) An estimate of the number of jobs created and /or retained by the project or activity;
- d. For any contracts equal to or greater than \$25,000:
  - (i.) The name of the entity receiving the contract;
  - (ii.) The amount of the contract;
  - (iii.) The transaction type;
  - (iv.) The North American Industry Classification System (NAICS) code or Catalog of Federal Domestic Assistance (CFDA) number;
  - (v.) The Program source;



## California Medi-Cal Health Information Technology Plan

- (vi.) An award title descriptive of the purpose of each funding action;
  - (vii.) The location of the entity receiving the contract;
  - (viii.) The primary location of the contract, including the city, state, congressional district and country;
  - (ix.) The DUNS number, or name and zip code for the entity headquarters;
  - (x.) A unique identifier of the entity receiving the contract and the parent entity of Contractor, should the entity be owned by another; and
  - (xi.) The names and total compensation of the five most highly compensated officers of the company if it received: 1) 80% or more of its annual gross revenues in Federal awards; 2) \$25M or more in annual gross revenue from Federal awards and; 3) if the public does not have access to information about the compensation of senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of Internal Revenue Code of 1986.;
- e. For any contracts of less than \$25,000 or to individuals, the information required above may be reported in the aggregate and requires the certification of an authorized officer of Contractor that the information contained in the report is accurate.

***Any other information reasonably requested by the State of California or required by state or federal law or regulation.***

Standard data elements and federal instructions for use in complying with reporting requirements under Section 1512 of the ARRA, are pending review by the federal government, and were published in the Federal Register on April 1, 2009 [74 FR 14824], and are to be provided online at [www.FederalReporting.gov](http://www.FederalReporting.gov). The additional requirements will be added to this contract(s).



**Attachment B**



**HIE Demonstration Project  
Applicant Information**

**APPLICANT INFORMATION**

**Legal Name:** \_\_\_\_\_

**Address:**

Street 1	
Street 2	
City	
County	
State	
Zip/Postal Code	

**Organizational Unit:**

Department	
Division	

**Name and contact information of Person to be contacted on matters involving this application:**

Prefix	
First Name	
Middle Name	
Last Name	

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## California Medi-Cal Health Information Technology Plan

### Proposed Project:

- ☐ Privacy Rule
- ☐ Security Rule

**Subject Area:**

**Start Date:**

**End Date:**

**If a recipient of Federal Grant for HIE provide the following:**

### Grant Information

Name of Federal Grant:

Name of Federal Agency Awarding the Grant:

Federal Funding Opportunity Number:

Areas Affected by Project (Cities, regions, electoral districts, counties):

Descriptive Title of Applicant's Project for the Federal Grant:

## Appendix 11: Vision for EHR Adoption by Medi-Cal Providers

December 2009

### *Overview of the HITECH EHR Incentive Program*

Congress has appropriated \$46.8 billion in Health Information Technology for Economic and Clinical Health Act (HITECH), a component of the American Reinvestment and Recovery Act (ARRA), to encourage Medicaid and Medicare providers, hospitals, and clinics to adopt and become meaningful users of electronic health records (EHRs.) The infusion of new funding towards EHRs represents a tremendous opportunity to improve the quality, safety, and efficacy of health care.

The bulk of this funding will support incentive payments for Medicare and Medicaid providers who meet certain criteria for patient volume and who demonstrate “meaningful use” of the new technology. Criteria for meaningful use and provider eligibility are currently being defined by The Centers for Medicare & Medicaid Services (CMS), and further guidance will be provided. Program components outlined to date include:

- Providers may only participate in either the Medicare or Medicaid incentive program.
- A single provider can receive up to \$63,750 in Medi-Cal incentives over five years.
- Providers must become “meaningful users” of EHRs based on criteria currently under development by CMS (Medicare) and the states (Medicaid). Goals of meaningful use will likely include improving the quality, safety, efficiency, and reduce health disparities; engaging patients and families; improving care coordination; improving population and public health data; and ensuring adequate privacy and security protections for personal health information. Specific requirements include the capability to exchange electronic health information, electronic prescribing for office-based physicians, and the submission of information on clinical quality and other measure.<sup>11</sup>
- The first EHR incentive payments may be issued in 2011.

As the state agency charged with administering Medicaid payments, the California Department of Health Care Services (DHCS) is poised to play a significant role in the new EHR initiative. The DHCS is currently in the process of planning for this EHR Incentive program, and as of December 2009, has created a vision for the use of ARRA funds to increase adoption and meaningful use of EHRs among Medi-Cal providers.

### **Introduction to the Vision**

This document contains the overall vision for the use of ARRA funds to increase adoption and meaningful use of EHRs among Medi-Cal providers in California.

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<sup>11</sup> “American Recovery and Reinvestment Act of 2009.” *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 18, 2010. Date accessed: November 22, 2010.

## **California Medi-Cal Health Information Technology Plan**

The vision is ambitious. It is intended to inspire action by the DHCS, which will provide leadership for this effort, and by a broad set of stakeholders – health care providers, payers, government entities, legislators, and the people of California – who will share in the benefits of EHR adoption and meaningful use and who have a shared responsibility to ensure its success.

The DHCS will provide leadership and rely upon stakeholders to realize this vision. This effort will also be closely coordinated with other Health IT-related projects and programs in the State of California.

The structure we have adopted for this vision is the meaningful use framework proposed by the HIT Policy Committee, thus ensuring all the planning efforts will be aligned with national requirements. This vision will be used to guide detailed strategic and implementation planning by the DHCS, and as well as provide guidance for other stakeholder planning efforts.

### **Process to Date: Crafting the Vision**

This vision was created by the DHCS in partnership with the California HealthCare Foundation and with assistance from FSG Social Impact Advisors. In developing the vision, FSG spoke with over 100 stakeholders including DHCS senior leadership, staff from 16 DHCS divisions, staff from six other departments of the California Health and Human Services Agency, and over 65 external stakeholders from provider, payer, and consumer communities (see **Appendix 7** for the interviewee list).

A draft vision was vetted at an in-person Visioning Session that was attended by 38 individuals from multiple stakeholder groups and the DHCS (see **Appendix 1** for the visioning session attendee list) and then revised during a comment period for vision session participants and all external stakeholders interviewed during the visioning process.

### **Next Steps: Creating the DHCS Strategic and Implementation Plan**

The DHCS has engaged The Lewin Group and McKinsey & Company to lead Phase II of the EHR Incentive Payment Program planning process. The work of Phase II begins with a landscape assessment of California providers and EHR vendors. The landscape assessment will be followed by the development an incentive payment program plan with three components:

- Strategic plan: define program components and performance targets
- Campaign plan: approach to increasing awareness of the EHR incentive payment program
- Implementation plan: detailed guidance on implementing the incentive payment program

The strategic and implementation plan will use the vision as a guide but will focus specifically on the next five years for the EHR incentive program and DHCS activities. The Lewin Group and McKinsey & Company will continue to engage stakeholders throughout the secondary planning process and project implementation phase. The DHCS will establish a Health Enterprise Steering Committee and will ensure stakeholders continue to be engaged through current or newly established workgroups, webinars, and monthly updates.

### **The Vision**

#### **The Promise of the Electronic Health Records**

## **California Medi-Cal Health Information Technology Plan**

Electronic Health Records are a key enabling technology for improving the quality, safety, and efficiency of the health care system. In creating the vision for the Medicaid incentive program, the DHCS is cognizant of the ultimate goals for promoting the adoption of this technology, as defined by the HIT Policy Committee:

- Improve quality, safety, and efficiency and reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

### **Vision for the EHR Incentive Program**

The health and wellbeing of all Californians will be dramatically improved by the widespread adoption and use of Electronic Health Records.

## **Vision Element 1: Provider EHR Adoption**

### **Goals for Provider EHR Adoption**

- 1.1** By March 2011 the Medi-Cal EHR Incentive Program Provider Portal will be operational and accepting information from the National Level Registry and from practitioners and hospitals.
- 1.2** By March 2011, all Medi-Cal practitioners and hospitals will have received information about eligibility requirements for the EHR Incentive Program and how to apply for participation.
- 1.3** By May 2011, the Medi-Cal EHR Incentive Program will have begun issuing incentive payments to practitioners and hospitals.
- 1.4** By December 31, 2011, 100% of practitioners and hospitals receiving Medi-Cal EHR Incentive Program funding will have received information and training in using their EHRs to achieve meaningful use.
- 1.5** By December 31, 2011, at least 50% of Medi-Cal practitioners and hospitals eligible for Medi-Cal EHR Incentive Program funds will have applied for and been awarded funding for adopting, implementing, or upgrading an EHR.
- 1.6** By December 31, 2013, 60% of Medi-Cal practitioners and 70% of hospitals receiving funding in 2011 will have achieved meaningful use and received funding for that accomplishment.
- 1.7** By 2015, 90% of Medi-Cal providers eligible for incentive payments will have adopted EHRs for meaningful use in their practices. The EHRs adopted are secure, interoperable, and certified.

## **California Medi-Cal Health Information Technology Plan**

### **Vision Element 2: Improve Quality, Safety, and Efficiency and Reduce Health Disparities**

- 2.1** By 2015, 90% of Medi-Cal providers will have implemented clinical decision support tools within their EHRs. These tools are intelligent and initially target 3-4 conditions that are prevalent, costly, and drivers of high morbidity and mortality.
- 2.2** By 2013, statewide provider performance standards are used to improve health outcomes. These standards will increase quality and safety, reduce health disparities, and incentivize medical homes for Medi-Cal patients.
- 2.3** The use of EHRs results in cost efficiencies for payers by 2015 and 90% of Medi-Cal providers by 2018. These savings will be generated through administrative and clinical process improvements enabled by EHRs.

### **Vision Element 3: Engage Patients and Families**

- 3.1** All patients of Medi-Cal providers with EHRs will have electronic access to their Personal Health Record (PHR) and self-management tools by 2015. Patient tools are affordable, actionable, culturally and linguistically appropriate, and accessible through widely available technologies. The PHR and self management tools enable patients to communicate with their providers.

### **Vision Element 4: Improve Care Coordination**

- 4.1** By 2013, upon EHR adoption, Medi-Cal providers and patients are able to use available electronic information from patients' other clinical providers to make informed health care decisions at the point of care. Data will be standardized and integrated across providers.
- 4.2** By 2013, key partners will share information with eligible providers upon adoption of EHRs to ensure full access to health data. These partners include labs, pharmacies, and radiology facilities.

### **Vision Element 5: Improve Population and Public Health**

#### **Goals for Improving Population and Public Health**

- 5.1** By 2013, patient and population health data from EHRs will be shared bi-directionally between providers the DHCS, the Department of Public Health, the Office of Statewide Health Planning and Development, and other approved institutions to support the essential functions of public health, and to inform the effectiveness, quality, access, and cost of care.
- 5.2** By December 31, 2014, a portable, EHR-based health record will have been developed and tested for California's foster children.
- 5.3** By December 31, 2014, an interoperable EHR for medical and behavioral health will have been developed and tested for California's mental health population.
- 5.4** By December 31, 2014, a continuity of care document that includes behavioral health will have been developed and tested for California's mental health population.

## **California Medi-Cal Health Information Technology Plan**

- 5.5** By December 31, 2014 pilot the inclusion of behavior health information in a regional HIE.
- 5.6** De-identified data collected from EHRs is used to publicly report on trends in the quality of care provided to Medi-Cal beneficiaries by 2015. Consumers should be educated about the findings from such reports. References to Medi-Cal providers throughout the Vision refer to Medi-Cal providers eligible for ARRA incentive payments
- 5.7** By December 31, 2015, 90% of independent pharmacies in California will be connected to an e-Prescribing network.
- 5.8** By December 31, 2015, 80% of community clinics will have fully implemented certified EHRs.
- 5.9** By December 31, 2015, 50% of providers in California will be able to electronically transmit immunization information to an immunization registry.
- 5.10** By December 31, 2015, 90% of hospital, regional, and public health laboratories will be able to electronically transmit laboratory results to providers.
- 5.11** By December 31, 2015, 80% of providers and hospitals will be able to transmit reportable disease and syndromic surveillance information to the local and State public health departments

## **Vision Element 6: Ensure Adequate Privacy and Security Protections for Personal Health Information**

- 6.1** By 2011, the state will ensure that Medi-Cal beneficiaries, on request, have electronic access to their Health Information Exchange disclosures.
- 6.2** By 2011, California will establish policies that balance protection of patient privacy with the appropriate sharing of health information. Such policies will be consistent with national requirements and will protect health information accessed by providers, payers, other California public agencies, and other states. Policies apply to data in EHRs, PHRs, and health information exchange.



## Appendix 12: List of RECs, Associations, Organizations, and Managed Health Plans

RECs	URL & Info
CalOptima	<a href="http://www.caloptima.org/">http://www.caloptima.org/</a> <a href="http://www.caloptima.org/en/NewsandPublications/~media/Files/CalOptimaOrg/NewsandPublications/FastFacts.ashx">http://www.caloptima.org/en/NewsandPublications/~media/Files/CalOptimaOrg/NewsandPublications/FastFacts.ashx</a> - Member Fast Facts <a href="http://www.caloptima.org/Home/Members/Medi-Cal.aspx">http://www.caloptima.org/Home/Members/Medi-Cal.aspx</a> <a href="http://www.caloptima.org/en/ContactUs.aspx">http://www.caloptima.org/en/ContactUs.aspx</a> - Contact Us
Health Information Technology Extension Center for Los Angeles (HITEC-LA)	<a href="http://www.hitecla.org/">http://www.hitecla.org/</a> <a href="http://www.hitecla.org/member_organizations">http://www.hitecla.org/member_organizations</a> – Member Organizations <a href="http://www.hitecla.org/news/hitec-la-weekly-membership-update-2">http://www.hitecla.org/news/hitec-la-weekly-membership-update-2</a> <a href="http://www.hitecla.org/contact-us">http://www.hitecla.org/contact-us</a> - Contact Us
California Rural Indian Health Board (CRIHB)	<a href="http://www.crihb.org/">http://www.crihb.org/</a> <a href="http://www.crihb.org/contact-us/crihb-directory.html">http://www.crihb.org/contact-us/crihb-directory.html</a> - Directory (Staff) <a href="http://www.crihb.org/inside-crihb/member-tribes.html">http://www.crihb.org/inside-crihb/member-tribes.html</a> – Member Tribes <a href="http://www.crihb.org/inside-crihb/member-programs/member-program-links.html">http://www.crihb.org/inside-crihb/member-programs/member-program-links.html</a> - MemberProgram Links <a href="http://crihb.org/files/Member_Health_ProgramsMap4_fin.pdf">http://crihb.org/files/Member_Health_ProgramsMap4_fin.pdf</a> - Program Map <a href="http://www.crihb.org/contact-us/crihb-address.html">http://www.crihb.org/contact-us/crihb-address.html</a> - Contact Us
CalHIPSO	<a href="http://www.calhipso.org/">http://www.calhipso.org/</a> <a href="http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=29&amp;Itemid=34">http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=29&amp;Itemid=34</a> Contact Us <a href="http://calhipso.wordpress.com/">http://calhipso.wordpress.com/</a> - Blog <a href="http://www.calhipso.org/images/stories/pdf/3000providers.pdf">http://www.calhipso.org/images/stories/pdf/3000providers.pdf</a> <a href="http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=65&amp;Itemid=45">http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=65&amp;Itemid=45</a> - Announcements
Organizations	URL & Info
California Primary Care Association (CPCA)	<a href="http://www.cPCA.org/about/newsletter/">http://www.cPCA.org/about/newsletter/</a> - Contact Us <a href="http://www.cPCA.org/PressRoom/index.cfm#staff">http://www.cPCA.org/PressRoom/index.cfm#staff</a> – Staff Contact <a href="http://www.cPCA.org/about/membership/regionalconsortia/index.cfm">http://www.cPCA.org/about/membership/regionalconsortia/index.cfm</a> - Regional Consortia
American Association of Family Practitioners	<a href="http://www.aafp.org/online/en/home.html">http://www.aafp.org/online/en/home.html</a> - Home <a href="http://www.aafp.org/online/en/home/aboutus/theaafp.html">http://www.aafp.org/online/en/home/aboutus/theaafp.html</a> - About Us <a href="https://nf.aafp.org/eweb//DynamicPage.aspx?webcode=ChpList&amp;Site=aafpv">https://nf.aafp.org/eweb//DynamicPage.aspx?webcode=ChpList&amp;Site=aafpv</a> - AAFP Constituent Chapter Directory <a href="http://www.aafp.org/online/en/home/aboutus/theaafp/contact.html">http://www.aafp.org/online/en/home/aboutus/theaafp/contact.html</a> - Contact Us
California Association of Physician Groups (CAPG)	<a href="http://www.capg.org/home/index.asp">http://www.capg.org/home/index.asp</a> <a href="http://www.capg.org/home/index.asp?page=9">http://www.capg.org/home/index.asp?page=9</a> – Contact Us <a href="http://www.capg.org/home/index.asp?page=50">http://www.capg.org/home/index.asp?page=50</a> – Members List <a href="http://www.capg.org/home/index.asp?page=260">http://www.capg.org/home/index.asp?page=260</a> - Publications

## California Medi-Cal Health Information Technology Plan

Planned Parenthood	<a href="http://www.plannedparenthood.org/">http://www.plannedparenthood.org/</a> <a href="http://www.plannedparenthood.org/about-us/contact-us.htm">http://www.plannedparenthood.org/about-us/contact-us.htm</a> - Contact Us <a href="http://www.plannedparenthood.org/about-us/advisory-boards-initiatives-26415.htm">http://www.plannedparenthood.org/about-us/advisory-boards-initiatives-26415.htm</a> - Advisory Board and Initiatives <a href="http://www.plannedparenthood.org/about-us/affiliate-and-state-offices.htm#California">http://www.plannedparenthood.org/about-us/affiliate-and-state-offices.htm#California</a> – Local and State Offices (CA) <a href="http://www.plannedparenthood.org/about-us/newsroom.htm">http://www.plannedparenthood.org/about-us/newsroom.htm</a> - Newsroom
California State Rural Hospital Association (CSRHA)	<a href="http://www.csrha.org/">http://www.csrha.org/</a>
California Medical Association	<a href="http://www.cmanet.org/">http://www.cmanet.org/</a>
California Hospital Association (CHA)	<a href="http://www.calhospital.org/">http://www.calhospital.org/</a> <a href="http://www.calhospital.org/directory">http://www.calhospital.org/directory</a> - <a href="http://www.calhospital.org/publications">http://www.calhospital.org/publications</a> - Publications
National Rural Health Association	<a href="http://www.ruralhealthweb.org/">http://www.ruralhealthweb.org/</a> - Home <a href="http://www.ruralhealthweb.org/go/left/publications-and-news/advertise-in-nrha-publications">http://www.ruralhealthweb.org/go/left/publications-and-news/advertise-in-nrha-publications</a> - Publications and News
<b>Hospitals (50% of Medi-Cal Discharges)</b>	<b>URL &amp; Info</b>
Sutter	<a href="http://www.sutterhealth.org/">http://www.sutterhealth.org/</a> <a href="http://www.sutterhealth.org/about/affiliates/med-grps.html">http://www.sutterhealth.org/about/affiliates/med-grps.html</a> - Affiliated Groups <a href="http://www.sutterhealth.org/about/affiliates/index.html">http://www.sutterhealth.org/about/affiliates/index.html</a> <a href="http://www.sutterhealth.org/contact/">http://www.sutterhealth.org/contact/</a> - Contact Us
CHW – Mercy	<a href="http://www.mercysacramento.org/">http://www.mercysacramento.org/</a> <a href="http://www.mercysacramento.org/cm/content/contact_us.asp?vendorId=&amp;siteDomain=&amp;siteId=">http://www.mercysacramento.org/cm/content/contact_us.asp?vendorId=&amp;siteDomain=&amp;siteId=</a>
Adventist	<a href="http://www.adventisthealth.org/">http://www.adventisthealth.org/</a> <a href="http://www.adventisthealth.org/utilities/contactus.asp">http://www.adventisthealth.org/utilities/contactus.asp</a> - Contact Us
<b>Dentists</b>	<b>URL &amp; Info</b>
American Dental Association (ADA)	<a href="http://www.ada.org/">http://www.ada.org/</a> <a href="http://www.ada.org/22.aspx">http://www.ada.org/22.aspx</a> - Contact Us
California Dental Association (CDA)	<a href="http://www.cda.org/">http://www.cda.org/</a> <a href="http://www.cda.org/publications">http://www.cda.org/publications</a> - Publications <a href="http://www.cda.org/member_benefits_&amp;_resources">http://www.cda.org/member_benefits_&amp;_resources</a> - Member Benefits and Resources <a href="http://www.cda.org/about_cda/contact_us">http://www.cda.org/about_cda/contact_us</a> - Contact Us
Dental Board of California	<a href="http://www.dbc.ca.gov/">http://www.dbc.ca.gov/</a>
American Association of Oral and Maxillofacial Surgeons (AAOMS)	<a href="http://www.aaoms.org/">http://www.aaoms.org/</a> <a href="http://www.aaoms.org/contact.php">http://www.aaoms.org/contact.php</a> - Contact Us
American Board of Orthodontics	<a href="http://www.americanboardortho.com/">http://www.americanboardortho.com/</a> <a href="http://www.americanboardortho.com/contact/">http://www.americanboardortho.com/contact/</a> - Contact Us

## California Medi-Cal Health Information Technology Plan

Midwives	URL & Info
Medical Board of CA - Midwives	<a href="http://www.medbd.ca.gov/allied/midwives.html">http://www.medbd.ca.gov/allied/midwives.html</a>
California Association of Midwives	<a href="http://www.californiamidwives.org/">http://www.californiamidwives.org/</a> <a href="http://www.californiamidwives.org/?page_id=4">http://www.californiamidwives.org/?page_id=4</a> – Contact Us
Nurse Practitioners	URL & Info
California Association for Nurse Practitioners	<a href="http://www.canpweb.org/">http://www.canpweb.org/</a> <a href="http://www.canpweb.org/displaycommon.cfm?an=4">http://www.canpweb.org/displaycommon.cfm?an=4</a> – Resources and Links
California Nurses Association	<a href="http://www.nationalnursesunited.org/pages/cna">http://www.nationalnursesunited.org/pages/cna</a>
Physicians' Assistants	URL & Info
Physician Assistant Committee	<a href="http://www.pac.ca.gov/">http://www.pac.ca.gov/</a> <a href="http://www.pac.ca.gov/about_us/contact_us.shtml">http://www.pac.ca.gov/about_us/contact_us.shtml</a> - Contact Us
California Academy of Physician Assistants	<a href="http://www.capanet.org/">http://www.capanet.org/</a>

## Appendix 13: Provider Outreach Campaign Timeline

PHASE	DATES	2011																		2012
		8/29	9/5	9/12	9/19	9/26	10/3	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28	12/5	12/12	12/19	12/26	
Foundation Work	Completed																			
EH Prequalification Outreach	8/31-9/23																			
EH SLR Launch Outreach	9/26-10/15																			
SLR EH Functionality Launches	10/3																			
Prequalified Clinic OSHPD Data Pull	10/10-10/17																			
Generate Letters and Mail Materials to Prequalified Clinics	10/17-10/24																			
Group Outreach	10/31-11/14																			
SLR Group Functionality Launches - 2010 End Date 2/29/2012	11/15																			
Prequalified EP MISDSS Data Pull	11/1																			
Generate Letters and Mail Materials to Prequalified EPs	11/14-11/28																			
EP Outreach	12/5-12/14																			
SLR EP Functionality Launches - 2010 End Date 2/29/2012	12/15																			

## Appendix 14: SLR User Manual



Department of Health Care Services

CA-MMIS

California Medi-Cal State Level Registry (SLR) for the  
CMS Provider Incentive Program

State Level Registry (SLR) User Manual

Eligible Hospitals

V 0.08

09/01/2011



# 1. Introduction

---

## 1.1 Overview

The overall goal of the User Manual is to help guide hospital providers through the process of completing California's application process for provider incentive monies.

## 1.2 User Manual Goals

The **California Medi-Cal State Level Registry (SLR) User Manual** will help walk you through the following steps:

- How to create your SLR account.

- How to access the SLR application.

- How to register for the provider incentive program.

- How to enter your eligibility information for the provider incentive program.

- How to enter your attestation for your certified Electronic Health Record (EHR) technology.

- How to submit your final attestation.

- How to make changes to your account.

- Who to call when you need help.

## 1.3 Problem Reporting

For general Help, all SLR web pages have a Help Link that opens up a copy of this User Manual. For SLR Web application assistance, you can contact the Help Desk designated to support the SLR.

**Phone: (866) 879-0109**

**Email: [SLRHelpdesk@acs-inc.com](mailto:SLRHelpdesk@acs-inc.com)**

---

## 2. Overview

---

As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. Because of the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medi-Cal providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The State Level Registry (SLR) application gives Eligible Hospitals access to a streamlined application for federally funded HIT incentives through an easy to use website. With self-service flexibility, the provider can move through registration, eligibility, and attestation at their own pace while the SLR application stores the information in an organized manner. Resulting in the most direct path for the provider to receive their incentive payment.

### 2.1 Application Features

The SLR application features the following functions that are explained further in this User Manual:

- Create your SLR user account
- Login – Accessing the SLR
  - Retrieve Your User ID
  - Retrieve Your Password
  - Reset Your Password
- Applying for the incentive as an Eligible Hospital (EH):
  - Step 1: About You (Registration)
  - Step 2: Eligibility Information
  - Step 3: Certified EHR Technology
  - Step 4: Attestation
  - Step 5: Submit
- View Messages
- View Reports
- View Payment Information

### 2.2 Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines.
- Accessibility from the internet.
- Secure protected page access.

### 2.3 Materials and Preparations

Materials the user will need to use the software:

- Computers with access to the web browser.
- Note: This application is compatible with Microsoft Internet Explorer v7.0 and v8.0, Firefox, Safari, and Chrome.
- Software – Adobe Acrobat Reader – installed on your machine to view PDF files.
- Pop-up Blocker browser feature should be set to "Off" to receive the Pop-up window features.
- Manuals and/or FAQ's that are available for distribution.

### 3. Provider Outreach Web Portal

The Provider Outreach Web Portal provides the user with a central location to access information and resources regarding the Provider Incentive Program established through the American Recovery and Reinvestment Act, in addition to the portal to the California Medi-Cal EHR State Level Registry site at [www.medi-cal.ehr.ca.gov](http://www.medi-cal.ehr.ca.gov).

#### The Provider Outreach page displays the following:

1. **Provider Outreach Page Header.** The header displays the following items that are visible on every page of the SLR application:
  - a. **Logo of California Department of Health Care Services (DHCS).** Link to state department website.
  - b. **Contact Us.** Pop-up page displaying contact information including the Help Desk phone number and email as well as the DHCS email address for the incentive program.
2. **Left side panel content.**
  - a. **Step 1: Register with CMS!** The “[registering with CMS](#)” link directs you to the designated website for registering as a health provider with the Centers for Medicare & Medicaid Services.



- b. **Step 2: Create an SLR Account.** The “[Create a Medi-Cal EHR Incentive Portal account](#)” link directs you to the “Create Account” page.



## California Medi-Cal Health Information Technology Plan

- c. **Already have an SLR account?** The “[go directly to the Medi-Cal EHR Incentive Portal](#)” link directs you to the “Login” page.



- d. **Centers for Medicare & Medi-Cal Services (CMS).** Links in this section opens up a new window and displays CMS news.



- e. **Healthcare IT News.** Links in this section opens up a new window and displays an article related to Healthcare IT news.





## California Medi-Cal Health Information Technology Plan

- f. **EMR and HIPAA.** Links in this section opens up a new window and displays an article related to EMR and HIPAA news.



### 3. Right side panel content.

- a. **Are you Eligible?** The “[Run the CMS Eligibility Wizard](#)” link opens up a new window and runs a test to verify that a provider qualifies for incentive payments.



- b. **Frequently Asked Questions.**



- i. The “[Medi-Cal EHR Incentive Program FAQs](#)” link directs you to the DHCS frequently asked questions website related to electronic health record (EHR) technologies and the incentive program.

- ii. The “[CMS EHR Incentive Program FAQs](#)” link directs you to CMS frequently asked questions website related to electronic health record (EHR) technologies and the incentive program.
- c. **Downloadable Resources.** Links in this section opens a worksheet in Excel to assist with determining Eligibility and Attestation for Provider Incentive Payments.



- 4. **Primary Body Content section.** The primary page content includes the following sections:
  - a. **Welcome text.** An overview of the Provider Outreach Web portal.
  - b. **Important Web Resources.** Links in this section open up a new window and displays the appropriate website.
    - i. **CMS EHR Incentive Program Registration Site.** Opens a new window and displays the **Official Web Site for the Medicare and Medicaid EHR Incentive Programs**.
    - ii. **CMS EP Registration User Guide.** Opens a new window and displays the CMS users guide for registering with the federal EHR Incentive Program.
    - iii. **Centers for Medicare & Medicaid Services (CMS).** Opens a new window and displays the home page for the CMS EHR Incentive Program.
    - iv. **Department of Health Care Services.** Opens a new window and displays the DHCS Office of Health Information Technology website.
    - v. **Medi-Cal.** Opens a new window and displays the home page for the California Medi-Cal program.
    - vi. **ONC Certified Health IT Products.** Opens a new window and displays the **Certified Health IT Product List**.
    - vii. **California eHealth.** Opens a new window and displays the CA Health and Human Services page for provider information on the EHR Incentive Program.
    - viii. **Cal eConnect.** Opens a new window and displays the home page of a health information exchange resource website.
    - ix. **California Department of Public Health.** Opens a new window and displays the CA state department website discussing meaningful use of Health Information Technology.
    - x. **Medi-Cal EHR Incentive Program General Information.** Opens a new window and displays a DHCS article giving an overview of the Medi-Cal EHR Incentive Program.

- c. **Regional Extension Centers (REC).** Link in this section opens a new window and displays the REC website.
  - i. **California Health Information Partnership & Services Organization (CalHIPSO).** Opens a new window and displays the site for the REC resource site for CA, excluding the Los Angeles and Orange Counties.
  - ii. **California Rural Indian Health Board.** Opens a new window and displays a resource for healthcare providers of the member Tribes of California.
  - iii. **CalOptima.** Opens a new window and displays the site for the REC resource site for Orange County.
  - iv. **HITEC-LA.** Opens a new window and displays the site for the REC resource site for Los Angeles County.

The image below illustrates the primary body content of the Providers Outreach page.


### Welcome to the Medi-Cal EHR State Level Registry (SLR) for Provider Incentive Payments — Provider Outreach Page

As a result of the American Recovery and Reinvestment Act, beginning in 2011 Medi-Cal is able to offer eligible practitioners and hospitals substantial financial incentives to adopt, implement and upgrade electronic health records. Incentive payments will also be available for the “meaningful use” of electronic health records by practitioners (over 6 years) and hospitals (over 4 years).

Practitioners and hospitals are required to first register for the program through CMS. The next step is to register with the state-level registry through this portal. This portal also provides links to valuable resources for practitioners and hospitals planning EHR implementation and other health information technology efforts.

Thank you for joining Medi-Cal in realizing the vision of “Connecting California for Better Health.”


#### Important Web Resources (all links open in new window)

- [CMS EHR Incentive Program Registration site \(Available October 3, 2011\)](#)
- [CMS EP Registration User Guide](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Department of Health Care Services](#)
- [Medi-Cal](#)
- [Office of the National Coordinator for Health Information Technology \(ONC\) Certified Health IT Product List](#)
- [California eHealth](#)
- [Cal eConnect](#)
- [California Department of Public Health](#)
-  [Medi-Cal EHR Incentive Program General Information — Department of Health Care Services](#)

#### Regional Extension Centers (REC) (all links open in new window)

The HITECH act provides for the establishment of RECs to provide education, outreach, and technical assistance to help primary care providers in their geographic service areas to select, successfully implement and meaningfully use certified Electronic Health Record technology to improve the quality and value of health care.

- [California Health Information Partnership & Services Organization \(CalHIPSO\)](#)
- [California Rural Indian Health Board](#)
- [CalOptima](#)
- [HITEC-LA](#)



5. **Footer section.** Located at the bottom of the page, the footer displays the following items:
  - a. **Privacy.** Opens a new window to the DHCS Privacy policy.
  - b. **Conditions of Use.** Opens a new window to the DHCS Conditions of Use policy.
  - c. **Accessibility.** Opens a new window with the website’s Accessibility policy displayed.
  - d. **State of California Copyright.**



## 4. California Medi-Cal State Level Registry (SLR)

### 4.1 Create a New SLR Account for Hospital Representatives

Follow the steps below to create and log on to the California Medi-Cal State Level Registry (SLR) for the CMS Provider Incentive Program.

Note: The Hospital representative should have already completed their registration with CMS by using the “[registering with CMS](#)” link on the Provider Outreach Page.



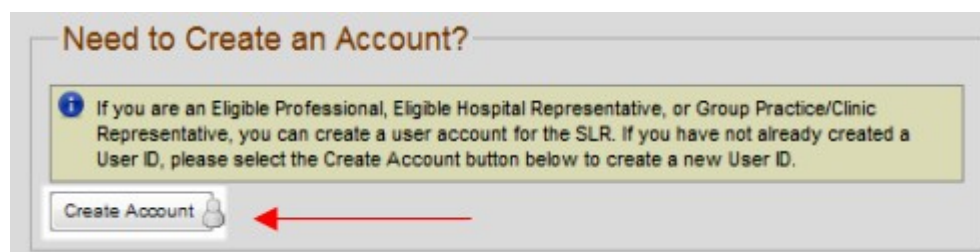
1. Click the “[leave this site and create an SLR account](#)” link located on the upper left hand corner of the Provider Outreach webpage. User will be taken to the logon site to create a new user account.

Reference: The State Level Registry (SLR) site can be accessed directly by going to the following website - <https://www.medi-cal.ehr.ca.gov/>

Note: The CA State Level Registry URL is secured – “https:”



2. Click the **Create Account** button.



## California Medi-Cal Health Information Technology Plan

3. Complete “Identify Yourself” window fields to create account:


### Identify Yourself

Enter the necessary information below and click Continue. \* Indicates required fields.

What is your role? \*

NPI \*

TIN \*

 [New Image?](#)

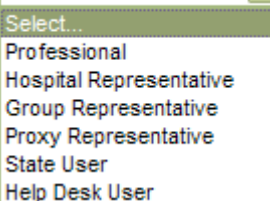
Enter the letters/numbers from the image above \*

*Letters are case sensitive.  
If you have difficulty identifying the characters in the image above, click the link to display a new image.*

[Cancel and return to Login](#)

- a. Select **Hospital Representative** from the drop down menu.

What is your role? \*




- b. Input Hospital’s National Provider Identifier (NPI) into field.  
Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.
- c. Input Hospital’s Taxpayer Identification Number (TIN) into field.


NPI \*  

TIN \*  

- d. Type characters into field from the security CAPTCHA image.

In the event that the CAPTCHA image is not clear, click “new image” link to display a new image.

 [New Image?](#)

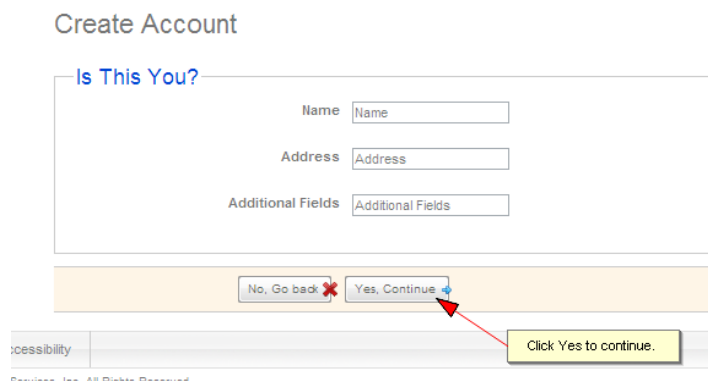
Enter the letters/numbers from the image above \*  

- e. Click the “**Continue**” button to submit for new account creation.

## California Medi-Cal Health Information Technology Plan

The “**Cancel and return to Login**” link will exit the screen without the submission of data.

4. In the new “Is This You” window, confirm Name, Address, and Additional information associated with the NPI entered into Create Account screen.

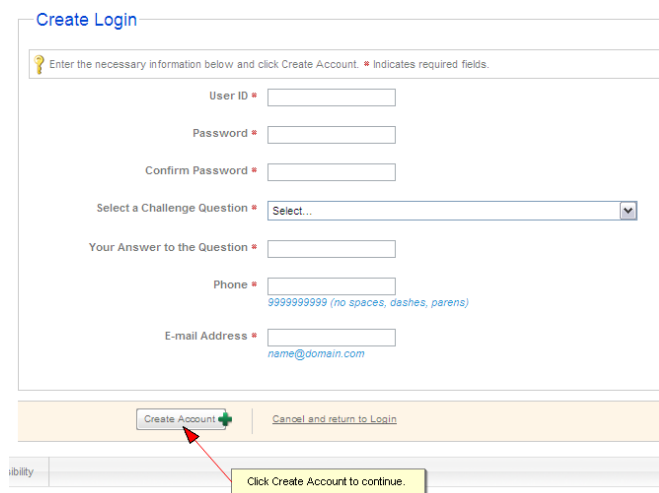


- a. Complete the Create a New SLR Account section:

To...	Click/Call...
save data	<b>Yes, Continue</b> button
Re-enter the eligible hospital NPI	<b>No, Go back</b> button and return to step 3.a of this manual
Speak with the Help Desk	(866) 879-0109 for assistance

### 4.1.1 Create Logon for SLR Account

Follow the steps below to complete the “Create Account” process and set the User ID, Password, Challenge Question, and Contact Information.



1. Input desired User ID.  
Information: The User ID needs to be at least 8 letters/numbers long but cannot be more than 20 characters.

2. Input Password.

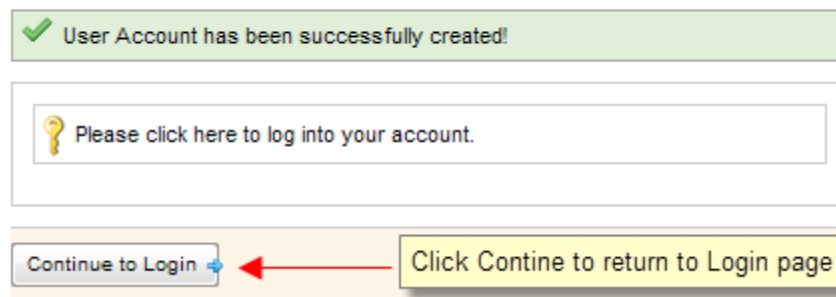
**Information:** The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:

- at least one capital letter
- at least one lower case letter
- at least one number
- at least one of the following special characters: @ or # or!

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the “Confirm Password” field.
4. Select a Challenge Question from the drop down menu to answer.
5. Input answer to selected Challenge Question.
6. Input contact phone number.
7. Note: input phone number with no spaces, dashes, or parenthesis.
8. Input the contact email address.
9. Click the “Create Account” button to finish creating the account.
10. Click the “Cancel and return to login” to exit the account creation process.
11. Click the “continue to Login” button after confirming the “Account successfully created” message.

## Create Account



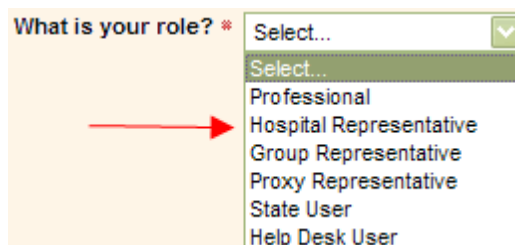


## California Medi-Cal Health Information Technology Plan

### 4.1.2 Forgot User ID for SLR

Use the following steps to have the User ID emailed to the account on record.


1. Click the **Forgot User ID** link from the login page.
2. Select the **Hospital Representative** user role from the drop down list.




3. Input Hospital's National Provider Identifier (NPI) into field.  
Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.



4. Input Hospital's Taxpayer Identification Number (TIN) into field.
5. Click **Continue** to move to next screen.
6. Input answer to previously selected Challenge Question.

 Answer the challenge question below and click Continue to confirm your identity. An email containing the requested information will be sent to the email address on record for the account. \* Indicates required fields.

7. Click **Continue** to move to next screen.
8. Look for confirmation of system email sent to Hospital Representative.

 An email has been sent containing the requested information.


9. Click **Cancel and return to Login** link to return to login screen.
10. Retrieve system generated email sent to the Hospital Representative's email account from "California State Level Registry System Messages".
11. Log into the SLR as normal using the emailed User ID.

### 4.1.3 Forgot Password for SLR

Use the following steps to have a link sent to the email account on record in order to reset the user password.

1. Click the **Forgot Password** link from the login page.
2. Input the User ID into the input field.
3. Click **Continue** to move to next screen.
4. Input answer to previously selected Challenge Question.
5. Click **Continue** to move to next screen.

6. Look for confirmation of system email sent to Hospital Representative.

 An email has been sent to the email address on file for the User ID you entered. When the email arrives, click the link provided in the email and you will be taken to a screen where you can reset your password.

7. Click **Return to Login** link to return to login screen.
8. Retrieve system generated email sent to the Hospital Representative's email account from "California State Level Registry System Messages".
9. Click the link provided in the email to reset.
10. Input a new password in the **New Password** field.

**New Password \***

**Confirm New Password \***


Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:


- at least one capital letter.
- at least one lower case letter.
- at least one number.
- at least one of the following special characters: @ or # or!

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

11. Re-input password into **Confirm New Password** field.
12. Click the **Change Password** link to submit requested password change.
13. Click the "**Continue to Login**" button after confirming the "Password Reset" message.

Password Reset

 Your password has been reset. Select Continue to proceed to the login screen.

Continue to Login 

14. Log into the SLR as normal using the new password selected by Hospital Representative.

### 4.2 Log on to the State Level Registry (SLR) system

Follow the steps below to log on to the SLR.

**Existing Users**

Enter the User ID and password you created to login to the SLR. \* Indicates required fields.

User ID \*

Password \*

[The State Level Registry \(SLR\) for Provider Incentive Payments and related web sites \(such as the SLR Provider Outreach page\) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above, Firefox, Safari, and Chrome.](#)

[Forgot User ID?](#)

[Forgot Password?](#)

1. Enter user Logon

2. Enter user Password

3. Click Log In to continue

1. Enter user logon in the "User ID" field.
2. Enter user password in the "Password" field.
3. Click the "log In" button to access the SLR.

#### 4.2.1 Accepting the End User License Agreement (EULA)

Once the Login is complete, the Hospital Representative is presented with the End User License Agreement (EULA). The EULA is the licensing agreement between the Department of Health Care Services and the Hospital Representative for use of the SLR and must be accepted in order to continue.

**California Department of Health Care Services**  
**California Medi-Cal Electronic Health Record (EHR) Incentive Program**  
**End User License Agreement and Terms of Use**  
 ACCEPTANCE OF TERMS

Indicate your acceptance of the End User License Agreement below. \* indicates required fields.

The services that California Department of Health Care Services (CA-DHCS) provides to you are subject to the terms and conditions of this End User License Agreement and Terms of Use ("this Agreement"). This Agreement governs the use of all data and software available at this site ("Site"). Please read the rules contained in this Agreement carefully. You can access this Agreement at any time by clicking on User Agreement at the bottom of every page on this Site. If you do not agree to abide by this Agreement, your access to any other pages of this Site will be denied. Clicking on the "I Agree" button at the end of this Agreement and accessing this Site constitutes your acceptance of this Agreement. Continued access to this Site will constitute your acceptance of any amendments to this Agreement. Your failure to follow the terms and conditions for use of this Site, whether listed below or in bulletins posted at various points in this Site, may result in suspension or termination of your access to this Site, without notice, in addition to other remedies available to CA-DHCS.

**1. DEFINITIONS**

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement the following terms shall be defined as specified below:

- Authorized Employee shall mean an employee of a Provider who needs to access this Site to perform their duties for the Provider and who the Provider properly trained regarding use of this Site, the Services, the Software, HITECH, and HIPAA. Provider is responsible for the actions of its Authorized Employees.
- HIPAA shall mean the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, all implementing regulations and all amendments

☐ \* I Agree with the End User License Agreement. [Print EULA](#)

[Cancel and return to Log in](#)

1. Read the EULA in full.
2. Click the "Print EULA" to print the agreement for user records.

3. Click the check box to agree to the EULA.  
Note: The EULA must be accepted once a year or when the EULA has been updated.
4. Click the “Continue” button to continue to the SLR Homepage.

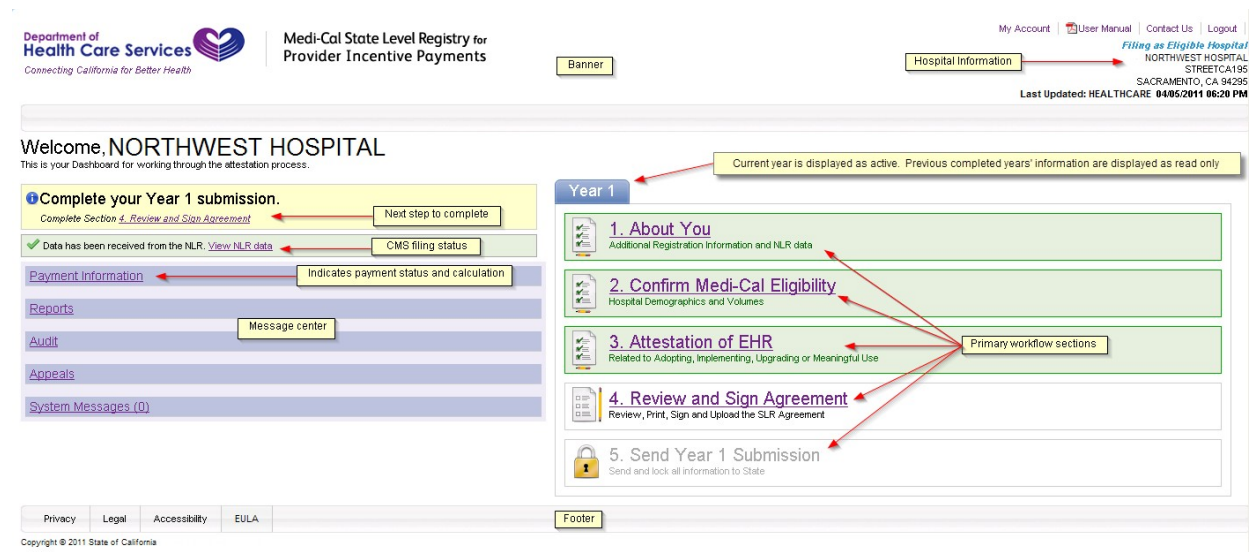
## 4.3 SLR Homepage

The SLR homepage is the center of the application and is the place from which the Eligible Hospital will apply for the Medi-Cal provider incentive.

From the Homepage the hospital provider has the ability to:

1. Make changes to their user account through the “My Account” link.
2. Review the instructions for completing the SLR registration with the “User Manual” link.
3. Retrieve the helpdesk information through the “Contact us” link.
4. Retrieve system messages regarding Payments, Reporting, Audits, Appeals, and System communications.
5. Access the SLR workflow steps to complete Registration and Attestation for the incentive program.

Step 1: About You (Registration)  
Step 2: Eligibility Information  
Step 3: Certified EHR Technology  
Step 4: Attestation  
Step 5: Submit



Department of Health Care Services  
Connecting California for Better Health

Medi-Cal State Level Registry for Provider Incentive Payments

My Account | User Manual | Contact Us | Logout

Hospital Information: **Filing as Eligible Hospital**  
NORTHWEST HOSPITAL  
STREETCA195  
SACRAMENTO, CA 94295  
Last Updated: HEALTHCARE 04/05/2011 06:20 PM

Welcome, NORTHWEST HOSPITAL  
This is your Dashboard for working through the attestation process.

**Complete your Year 1 submission.**  
Complete Section 4, Review and Sign Agreement. Next step to complete

✓ Data has been received from the NLR. View NLR data. CMS filing status

Payment Information. Indicates payment status and calculation

Reports. Message center

Audit

Appeals

System Messages (0)

**Year 1**  
Current year is displayed as active. Previous completed years' information are displayed as read only

**1. About You**  
Additional Registration Information and NLR data

**2. Confirm Medi-Cal Eligibility**  
Hospital Demographics and Volumes

**3. Attestation of EHR**  
Related to Adopting, Implementing, Upgrading or Meaningful Use

**4. Review and Sign Agreement**  
Review, Print, Sign and Upload the SLR Agreement

**5. Send Year 1 Submission**  
Send and lock all information to State

Primary workflow sections

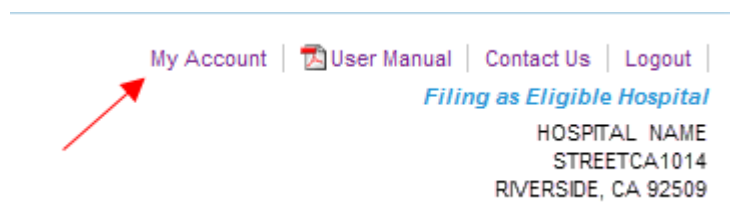
Privacy | Legal | Accessibility | EULA

Footer  
Copyright © 2011 State of California



## 4.4 My Account Functionality

The My Account link on the homepage provides the user the ability to update user information including changing passwords, challenge question, phone number, and email address.



Changing the contact information in the My Account screen does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider. **Reset Password messages will only be sent to the email account listed under the My Account Page.**

### 4.4.1 Voluntary Password Change in My Account

The Hospital Representative user password is valid for 74 days. When expiration period has passed, a Reset Password page will appear allowing the representative to change their password.

In addition, the user password may be changed prior to the 74 day expiration period through the My Account link on the SLR application homepage.

Follow the steps below to change the user password.

1. Click the **My Account** link.

2. Input Password.

Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:

at least one capital letter.

at least one lower case letter.


at least one number.

at least one of the following special characters: @ or # or!

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the "Confirm Password" field.

4. Complete the My Account section:

To...	Click...
save data	<b>Save</b> and wait for the system confirmation.  <i>Account is Updated.</i>
exit screen without saving inputs	<b><u>Cancel and Delete Changes.</u></b>


5. Click **Back to Dashboard** to return to SLR Dashboard.



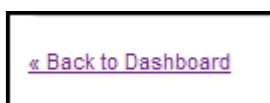
### 4.4.2 Voluntary Challenge Question Change in My Account

Follow the steps below to change the Challenge Question.

1. Click the **My Account** link.
2. Select a Challenge Question from the drop down menu to answer.
3. Input answer to selected Challenge Question in “Your Answer to the Challenge Question” field.
4. Complete the My Account section:

To...	Click...
save data	<b>Save</b> and wait for the system confirmation.  <i>Account is Updated.</i>
exit screen without saving inputs	<b><u>Cancel and Delete Changes.</u></b>


5. Click **Back to Dashboard** to return to SLR Dashboard.



### 4.4.3 Update Phone Number and Email in My Account

Follow the steps below to change the Hospital Representative phone number and email address.

1. Click the **My Account** link.
2. Input new Phone number in the “Phone” field.
3. Input new email address in the “Email Address” field.
4. Complete the My Account section:

To...	Click...
save data	<b>Save</b> and wait for the system confirmation.  <i>Account is Updated.</i>
exit screen without saving inputs	<b><u>Cancel and Delete Changes.</u></b>

5. Click **Back to Dashboard** to return to SLR Dashboard.




## 4.5 Step 1. About You Section


The State of California requires that additional information be provided to be used to determine eligibility to participate in the Medicaid Incentive Program.

Follow the steps below to complete the About You section of the California State Level Registry.

1. Click the link **1. About You** to access screen.
2. Confirm that the CMS Medicaid EHR Incentive Program Registration Data has been received.

 Data has been received from the CMS Registration & Attestation site. [View CMS Data](#)

**Note:** Use the **Register with CMS** link to access and complete hospital registration with CMS, if not completed previously. Registration data from CMS may take up to 3 days to migrate to the CA State Level Registry system.

 Data has NOT been received from the CMS Registration & Attestation Site. [Register with CMS](#)

3. Under the Contact Person section, confirm the name of the hospital representative in the “Name” field. If incorrect, update with the correct name of the hospital representative.
4. Input the title of the hospital representative in the “Title” field.
5. Confirm the contact phone number and update, if necessary.
6. Confirm the contact email address and update, if necessary.
7. Complete the About You section:

To...	Click...
save data and remain in the screen for further editing	<b>Save</b>
save data and move to step 2. Eligibility Information	<b>Save and Continue</b>
exit screen without saving inputs	<b><u>Cancel and Delete Changes</u></b> , then <b>Back to Dashboard</b>

## 4.6 Step 2. Eligibility Information

Provide the patient volume information to show hospital eligibility for the Medi-Cal Incentive Program. The registration of Eligible Hospitals (EH) is dependent upon the EH meeting the Medi-Cal volume requirements.

To be eligible for the Electronic Health Record Incentive Program for Medicaid providers the eligible hospital must meet the following criteria:

Must have at least a 10 percent Medi-Cal patient volume for each year which the hospital seeks an EHR incentive payment.

Children’s hospitals are exempt from meeting a patient volume threshold.

## 4.6.1 Hospital Medicaid Volume

Follow the steps below to fill out the Medicaid volume eligibility section.

1. Input the start date for the preferred **90 day representative period** from within the prior federal fiscal year end (October 1-September 30).

Note: the full 90 day period must be within the previous federal fiscal year end.

Start Date \*   End Date \* mm/dd/yyyy

2. Input **Total Discharges** for representative period, excluding numbers for the nursery and swing bed patients.


Total Discharges \*   
Medicaid Discharges \*

3. Input **Medicaid Discharges** for representative period, excluding values for nursery and swing bed patients.
4. Indicate whether discharge values from other states are included in the “**Total Discharges**” number above.

Include Medicaid discharges from \* ☐ Yes \* ☒ No \*  
other states?

5. Confirm Hospital Medicaid Volumes meets eligibility requirements.

Medicaid Volume  %

 Meets Medicaid Eligibility Requirements? Yes

In the event that the Hospital Medicaid Volumes do not meet the eligibility requirements, DHCS recommends selecting a different 90 day period with which to apply from.

## 4.6.2 Average Length of Stay (ALOS)

Follow the steps below to fill out the Average Length of Stay section.

1. Input the year of the current Cost Report totals.

Current Cost Report Year \*

2. Input total Inpatient Bed Days.

Total Inpatient Bed Days \*

Total Inpatient Bed Days come from the CMS Cost Report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet S-3, part I, column 6, sum of lines 1, 2, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 8, sum of lines 1, 2, 8-12, 16, 17.

## California Medi-Cal Health Information Technology Plan

- Input Total Discharges for stated 90 day period.

**Total Discharges** \*

Total Discharges are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**


If using CMS 2552-96: Worksheet S-3, part I, column 15, sum of lines 1, 2, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 15, sum of lines 1, 2, 8-12, 16, 17.

- Confirm Average Length of Stay meets Eligibility requirements.

Note: Hospitals (except children's hospitals) must have an Average Length of Stay < 25 days to be eligible for the program.

**Average Length of Stay** \*  **Day(s)**

 **Meets Medicaid Eligibility Requirements? Yes**

### 4.6.3 Additional Hospital Information

Follow the steps below to complete the Hospital Information page.

- Input **Total Discharges** for the previous four years.

CCR Yr-3 \*  CCR Yr-2 \*  CCR Yr-1 \*  CCR Yr \*

Total Discharges are calculated from the CMS Cost report 2552. See the below help text from the CA EH Eligibility Workbook to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet S-3, part I, column 15, sum of lines 1, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 15, sum of lines 1, 2, 8-12, 16, 17.

- Input **Total Medicaid Inpatient Bed Days**.

**Total Medicaid Inpatient Bed Days** \*

**Total Medicaid Inpatient Bed Days** are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet S-3, part I, column 5, sum of lines 1, 2, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 7, sum of lines 1, 2, 8-12, 16, 17.



## 3. Input **Total Hospital Charges**.

**Total Hospital Charges** \*

**Total Hospital Charges** are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

[Use CMS Cost Reports \(CMS 2552-96 or CMS 2552-10\) to acquire data.](#)

If using CMS 2552-96: Worksheet C, part I, column 8, line 101.

If using CMS 2552-10: Worksheet C, part I, column 8, line 200.

## 4. Input **Total Hospital Charity Care Charges**.

**Total Hospital Charity Care Charges** \*

**Total Hospital Charity Care Charges** calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value

[Use CMS Cost Reports \(CMS 2552-96 or CMS 2552-10\) to acquire data.](#)

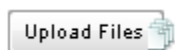
If using CMS 2552-96: Worksheet S-10, line 30.

If using CMS 2552-10: Worksheet S-10, column 3, line 20.

## 5. Attach either CMS Cost report 2552-96 or 2552-10 and any additional back up to the SLR using the **Upload Files** button.

**Information:** The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG

- Click **Upload Files** button.



- Identify the **Subject** type of the file to be added:

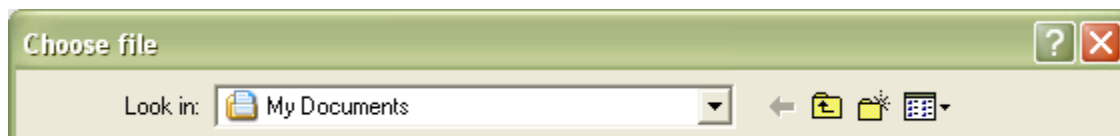
Cost report – **\*\*required file\*\***

Other document

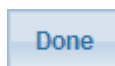
- Click the **Add File(s)** button. **[+]**

<b>Cost report</b>	
<a href="#">Cost report file.docx</a>	[x]
<b>Other document</b>	
<a href="#">Work Plan File.docx</a>	[x]


- Navigate to the file that meets the Subject type from the open **Choose file** window.



- Select file and click **Open** to attach the file.
- Add additional files as needed to the **Upload Files** pop-up window.
- Click **Done** to close Upload window and return to the **Eligibility Information** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.

<b>Cost report</b> <a href="#">Cost report file.docx</a>	<div>Click [X] to remove attached file from Upload files</div> 	[X]
<b>Other document</b> <a href="#">Work Plan File.docx</a>		[X]

- Finish the Hospital Information page:

To...	Click...
save data and remain in the screen for further editing	<b>Save</b>
save data and move to step 2.B. <b>Payment Calculation</b> to review the calculation figures	<b>Save and Continue</b>
exit screen without saving inputs	<b><u>Cancel and Delete Changes</u></b> , then <b>Back to Dashboard</b>

- Review the Payment Calculation page for the projected incentive payments.

## 2. Eligibility Information - (Payment Calculations)

Hospital Payment Calculation

Hospital Aggregate Incentive Payment

Sample Data

Your Hospital's Aggregate Medi-Cal EHR Incentive Payment will be:

1,000,000

Year 1 Payment: 500,000

Year 2 Payment: 400,000

Year 3 Payment: 250,000

Year 4 Payment: 250,000

- Click **Continue** on bottom of the **Payment Calculation** page to be directed to step 3 **Certified EHR Technology**.

## 4.7 Step 3. Certified EHR Technology

In this section, the attestation type is chosen. Once the attestation type is selected, upload documents related to the hospital EHR and enter the CMS certification number of the EHR system received from the Office of the National Coordinator (ONC) for Health Information Technology. The first step of completing this section is to choose the type of attestation. The Certified EHR Technology page can only be accessed after the **About You** and **Eligibility Information** sections have been completed.

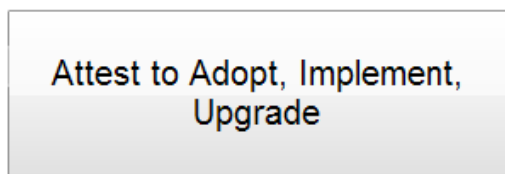
## 4.7.1 Step 3.A Adopt, Implement, Upgrade Method

Follow the steps below to fill out the Adopt, Implement, Upgrade section.

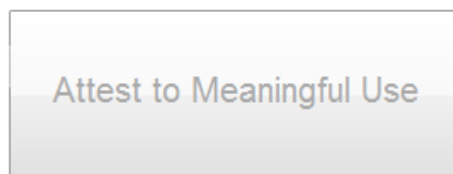
1. Select the “**Attest to Adopt, Implement, Upgrade**” button.

Note: After the first year, the “**Attest to Adopt, Implement, Upgrade**” link will no longer be available and the Hospital representative will be taken directly to the “**Attest to Meaningful Use**” screen.

### 3. Attestation of EHR

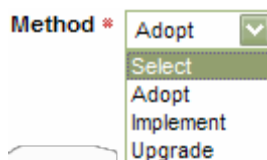


Select this option to attest to your Adoption, Implementation or Upgrade of certified EHR technology. AIU is available for your first year of participation only, and does not require entering data for a specific reporting period.



This feature will be available in the First Quarter of 2012.

2. Select the attestation type from the **Method** drop-down list.



- a. Select **Adopt** - Acquire, purchase, or have access to certified EHR technology. Evidence of a binding legal and/or financial commitment to adopt a CMS certified EHR Technology is required to demonstrate adoption.
- b. Select **Implement** - Install or commence utilization of certified EHR technology. This may include staffing, maintenance, and training or other activities.
- c. Select **Upgrade** - Expand the functionality of an existing EHR so that it meets CMS certification requirements. This may include the addition of decision support modules, the establishment of interfaces for HIE, etc.

3. Input a brief description of how the EHR technology standard has been met in the text box.

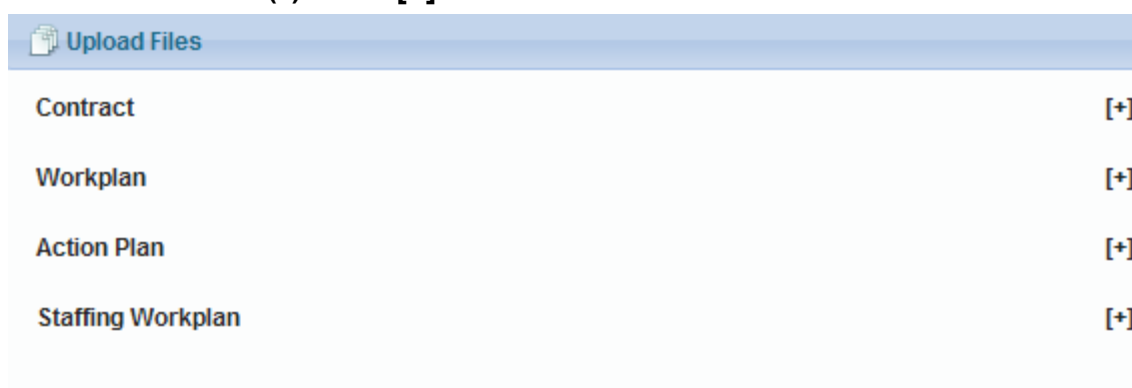
\* Input a brief description of how the Criteria Method has been met

## California Medi-Cal Health Information Technology Plan

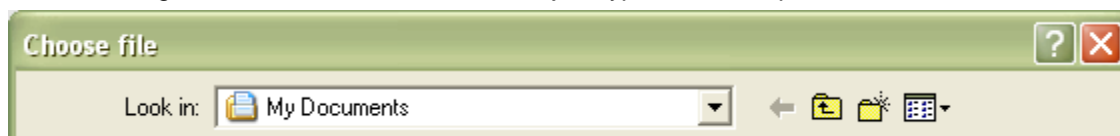
4. Attach contract file and any additional back up to the SLR using the **Upload Files** button.  
Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG
  - a. Click **Upload Files** button.



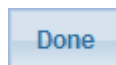
- b. Identify the **Subject** type of the file to be added: Contract - **\*\*required file\*\***  
 Workplan Action  
 Plan     Staffing  
 Workplan
  - c. Click the **Add File(s)** button. **[+]**



- d. Navigate to the file that meets the Subject type from the open **Choose file** window.




- e. Select file and click **Open** to attach the file.
  - f. Add additional files as needed to the **Upload Files** pop-up window.
  - g. Click **Done** to close Upload window and return to the **Certified EHR Technology – Adopt, Implement, Upgrade** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.

## California Medi-Cal Health Information Technology Plan

<b>Contract</b>	
<a href="#">Contract File.docx</a>	[x]
<b>Workplan</b>	
<a href="#">Work Plan File.docx</a>	[x]
<b>Action Plan</b>	
<a href="#">Action Plan.docx</a>	[x]
<a href="#">Attestation file.docx</a>	[x]
<b>Staffing Workplan</b>	
<a href="#">Staffing Work Plan.docx</a>	[x]

Click [X] to remove attached file from Upload files
 

5. Complete the AIU Method section:

To...	Click...
save data and remain in the screen for further editing	<b>Save</b>
save data and move to step <b>3.B. EHR Certification</b>	<b>Save and Continue</b>
exit screen without saving inputs	<b><u>Cancel and Delete Changes</u></b> , then <b>Back to Dashboard</b>

**Note:** Step **3.B: EHR Certification** will remain locked from access until data has been saved for **3.A AIU Method**.

### 4.7.2 3.B: EHR Certification

Hospital representatives must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to hospital.

It is the representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of the hospital from receiving payment.

Follow the steps below to complete the CMS EHR Certification section.

1. Select the **CMS EHR Certification ID** tab on the left of the screen to certify that the EHR technology being used is approved by the Office National Coordinator (ONC).
2. Read the Certified EHR Technology information below to learn the policy for certifying the Eligible Hospital technology.

#### "Certified EHR Technology

Hospital representatives must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to hospital.



## California Medi-Cal Health Information Technology Plan

It is the representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of the hospital from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement."

3. Click the check box to indicate understanding and acceptance of the EHR certification policy.
4. Go to the ONC website to receive the CMS EHR Certification ID at:  
<http://onc-chpl.force.com/ehrcert>
  - a. Select your practice type by selecting the Ambulatory or Inpatient buttons.
  - b. Search for EHR Products by browsing all products, searching by product name or searching by criteria met.
  - c. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria.
  - d. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page.

**Note:** ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. **Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID"**

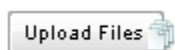
5. Input the CMS EHR Certification ID received from the ONC website in the **CMS EHR Certification ID** field.

CMS EHR Certification ID

6. Select the **Validate** button to confirm the input.
7. Attach technology receipt file and any additional back up to the SLR using the **Upload Files** button.

**Information:** The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG

- a. Click **Upload Files** button.



- b. Identify the **Subject** type of the file to be added:
  - Contract **\*\*required file\*\***
  - Workplan    Action
  - Plan        Staffing
  - Workplan   Vendor
  - Letter
- c. Click the **Add File(s)** button. **[+]**


## California Medi-Cal Health Information Technology Plan

 Upload Files

Contract	[+]
Workplan	[+]
Action Plan	[+]
Staffing Workplan	[+]
Vendor Letter	[+]

- d. Navigate to the file that meets the Subject type from the open **Choose file** window.

Choose file
 ?
X


Look in:  My Documents
 ←
↑
↓
⌂

- e. Select file and click **Open** to attach the file.  
 f. Add additional files as needed to the **Upload Files** pop-up window.  
 g. Click **Done** to close Upload window and return to the **Certified EHR Technology – CMS EHR Certification ID** page.

Done

To remove a file that has already been attached to the SLR, click the [X] to delete the file.

<b>Contract</b>	
<a href="#">Contract File.docx</a>	[X]
<b>Workplan</b>	
<a href="#">Work Plan File.docx</a>	[X]
<b>Action Plan</b>	
<a href="#">Action Plan.docx</a>	[X]
<a href="#">Attestation file.docx</a>	[X]
<b>Staffing Workplan</b>	
<a href="#">Staffing Work Plan.docx</a>	[X]

Click [X] to remove attached file from Upload files
 

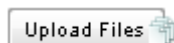
8. Complete the **3.B: CMS EHR Certification ID** section:

To...	Click...
save data and remain in the screen for further editing	<b>Save</b>
save data and move to step 4. <b>Attestation</b>	<b>Save and Continue</b>
exit screen without saving inputs	<b><u>Cancel and Delete Changes</u></b> , then <b>Back to Dashboard</b>

## 4.8 Step 4. Attestation

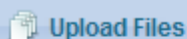
The State of California requires that hospitals submit a signed Attestation Agreement certifying that all information in this application to the SendYearSubmission.aspx is accurate and complete.

1. Read the Hospital Attestation letter thoroughly.
2. Click the **Print Attestation** button to print letter for the Hospital Administrator to sign and for hospital records.
3. Hospital Administrator signs the Hospital Attestation Letter indicating understanding and acceptance of the conditions of the Medi-Cal EHR Incentive program.
4. Scan the letter into PDF format after the Hospital Administrator has signed it.
5. Attach Signed Attestation file to the SLR using the **Upload Files** button.  
Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.
  - a. Click **Upload Files** button.



- b. Identify the **Subject** type of the file to be added:  
 Signed Attestation -  
**\*\*required file\*\***

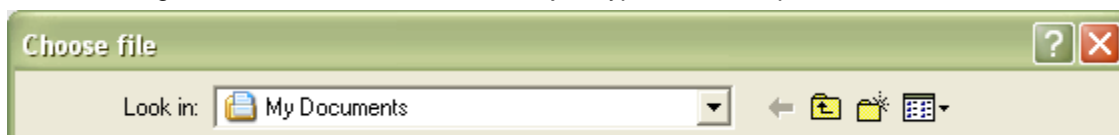
- c. Click the **Add File(s)** button. **[+]**



**Signed Attestation**



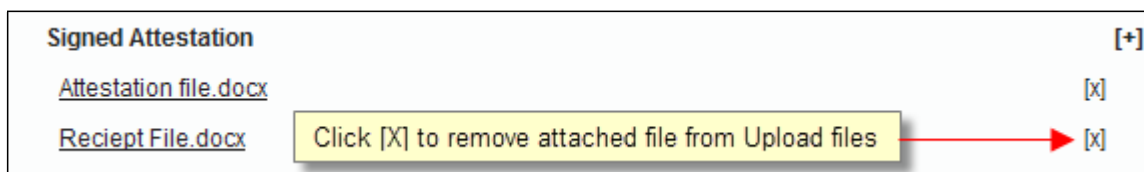
- d. Navigate to the file that meets the Subject type from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.
- g. Click **Done** to close Upload window and return to the **Attestation** page.

**Done**

To remove a file that has already been attached to the SLR, click the [X] to delete the file.



6. Complete the **Attestation** section:


To...	Click...
save data and remain in the screen for further editing	<b>Save</b>
save data and move to step 5. <b>Submit</b>	<b>Save and Continue</b>

exit screen without saving inputs	<b><u>Cancel and Delete Changes</u></b> , then <b><u>Back to Dashboard</u></b>
-----------------------------------	---

## 4.9 Step 5.Submit


The final step is to submit the eligible hospital attestation to participate in the Medi-Cal EHR Incentive program. All necessary data has been input in the SLR review and is now prepared to be sent to CMS for review. Upon formal submission of Attestation to the state of California the steps to the SLR will be locked and set to read-only for review purposes.

Year 1




### 1. About You

Additional Registration Information and CMS Registration & Attestation site data




### 2. Eligibility Information

Hospital Information and Payment Calculation




### 3. Certified EHR Technology

Related to Adopting, Implementing, Upgrading or Meaningful Use



### 4. Attestation

Review, Print, Sign and Upload SLR Agreement



### 5. Submit

Send and lock all information to State

1. Read the pop up message about completing submission of the Hospital Attestation.

## Send Attestation to State

You have completed all the necessary information for sending your attestation to the State of California. If for any reason you need to change your information please contact the help desk (866)879-0109 or by email at SLRHelpdesk@acs-inc.com.

After your attestation is successfully submitted, it will be validated by the state. After successful validation, the state will release your attestation to CMS for review prior to payment.

PLEASE NOTE: The validation process may take up to 10 weeks for your application to be reviewed by the state and CMS and for payment to be issued. You will receive an email notification when your payment has been issued.

Please check back periodically for information about the status of your attestation in the Message area of the home page.


Click to send SLR Attestation to DHCS for Review

Send Attestation

[Cancel and do not send attestation](#)

2. Click **Send Attestation** to formally submit the attestation report saved in Step 4. **Attestation.**  
Note: Following the submission, all sections will be set to “view only” and no further changes may be made.
3. Confirm Attestation has been submitted in the pop-up window.

## Attestation Complete

 Attestation Submitted

You have completed all the necessary information for sending your attestation to the state of California. After you click [Send Attestation] you will no longer be able to make changes to your attestation information.

After your attestation is successfully submitted, it will be validated by the State. If there are no problems with your attestation, and you are eligible to receive incentive payment, the State will then release your attestation to CMS for review and payment.

**PLEASE NOTE:** The validation process may take up to 17-33 business days before the payment process is initiated. You will be notified by email as your attestation progresses through the process.

Please check back periodically for information about the status of your attestation in the Message area of the home page.



4. Verify "System Messages" section on the Homepage has a notice that is confirming the Attestation has been submitted.

System Messages (5)		
Subject	Date Received	From
Your attestation has been submitted	7/1/2011 11:22:04 AM	HEALTHCARE
Passport Request Confirmation	6/17/2011 4:05:36 PM	HEALTHCARE
Account Information Request	6/17/2011 4:05:36 PM	HEALTHCARE
Passport Request Received	6/17/2011 4:05:36 PM	HEALTHCARE
Account Information Request	6/17/2011 4:05:36 PM	HEALTHCARE

5. Confirm receipt of an email from "California State Level Registry System Messages" and save for hospital records.

From: California State Level Registry System Messages [\[mailto:noreply@acs-inc.com\]](mailto:noreply@acs-inc.com) Sent: Wednesday, July 06, 2011 4:01 PM  
 To: Hospital Representative  
 Subject: Your attestation has been submitted

Dear Hospital Representative,

Your application has been successfully submitted for Year 1 of the Provider Incentive Program to the State of California. Your application will be validated by the State to determine your eligibility to receive the incentive payment. The State may elect to audit any or all information submitted as part of your attestation prior to approving your payment. The validation process may take up to 30 business days to complete.

Once the state has completed validation, your information will be submitted to CMS to verify you have not received payment from another source and are eligible to receive Federal funds. Upon receiving confirmation from CMS that you are eligible to receive payment, the State will initiate the payment process. You will be notified via email as your attestation progresses through the process.

Thank you

The process for applying for the Electronic Health Record Incentive Program for Medicaid providers has been completed. Please check back periodically for the status of the hospital's application with the CA Department of Health Care Services and the Centers for Medicare and Medicaid Services. The review process may up to 30 business days to complete.

Thank you for your participation in the Electronic Health Record Incentive.

### 4.10 Access Reports

#### 4.10.1 Reports for Eligible Hospitals

Five report types are available to the Hospital Representative.

<a href="#">Payment Information</a>
You can check this area for the status of your application once it has been submitted.
<a href="#">Reports</a>
<a href="#">Provider SLR Application Information</a>
<a href="#">Audit</a>
Audit Message content
<a href="#">Appeals</a>
Appeals Message content
<a href="#">System Messages (5)</a>

1. Payment Information – Payment Information notices provides the status of the eligible hospital's application.
2. Reports – Report notices provide a summary of the SLR applicant data supplied in step 1. The notice will not be available until after step2 has been completed.
3. Audit – Audit notices provide details of any current Audit on the eligible hospital's application.
4. Appeal – Appeal notices provide details of any current Appeals by the eligible hospital of their application's status.
5. Systems Messages – Provides confirmations of actions within the SLR. For example, changes to the password or use of the "Forgot User ID?" function will result in a system message being generated.

## 5. Troubleshooting

### 5.1 Accessing Help

For SLR Web application assistance, contact the Help Desk designated to support the SLR.

**Phone: (866) 879-0109**  
**Email: SLRHelpdesk@acs-inc.com**

#### 5.1.1 Help Text Displays

Located throughout the SLR Web application, there are various tool tips, help text, and more info link displayed to help you complete the pages.

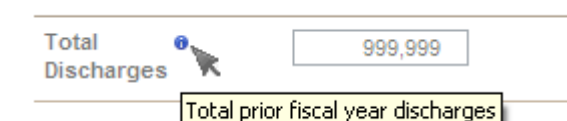
Here are a few examples:

**Tool Tips.** A tool tip is text that displays when the mouse hovers over an area on the page.

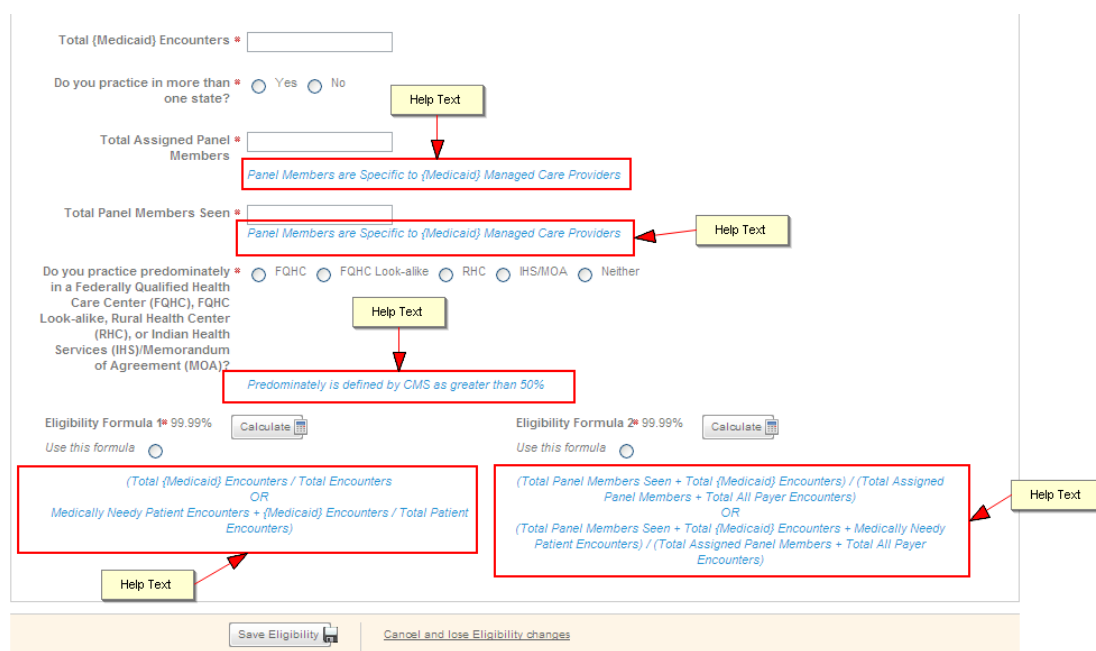
Normal page view:



Page view with tool tip:



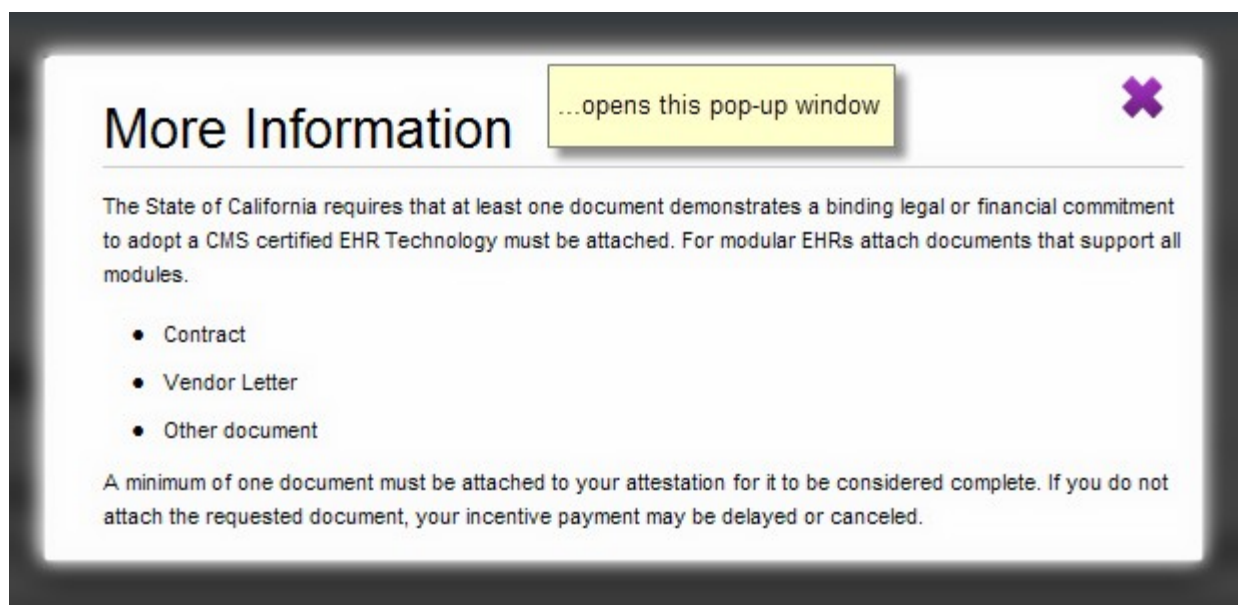
**Help Text.** Help text is text that displays on the page. Help text instructs you on how to respond to a particular field or, it provides some additional information about the field or the page. For example:



**More Info.** Provides more details around the field or page that you are completing. For example:



Method \* Adopt more info... Clicking here...



**More Information** ...opens this pop-up window

The State of California requires that at least one document demonstrates a binding legal or financial commitment to adopt a CMS certified EHR Technology must be attached. For modular EHRs attach documents that support all modules.

- Contract
- Vendor Letter
- Other document

A minimum of one document must be attached to your attestation for it to be considered complete. If you do not attach the requested document, your incentive payment may be delayed or canceled.

## 5.2 Web Page Message Display

Use the table below to identify how to resolve an issue:

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your login attempt was not successful. Please try again.	Login	Re-enter your Login ID and password. You have four total attempts to enter the correct information.
Your account is currently locked out; please contact your site administrator or Help Desk at 866-879-0109.	Login	Contact the site administrator or Help Desk to get your account unlocked.
Please select the agreement checkbox to continue.	EULA	Click the checkbox.
The User ID entered is not recognized in the system. Please try again.	Forgot Password	Re-enter your User ID. You have four total attempts to enter the correct information.

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your attempt to retrieve your User ID was not successful. Please contact the Help Desk at 866-879-0109.	Forgot Password	Contact the site administrator or Help Desk
Your answer could not be verified. Please try again.	Forgot Password	Re-enter your answer to the Challenge Question. You have four total attempts to enter the correct information.
Your attempt to retrieve your password was not successful. Please contact the Help Desk at 866-879-0109.	Forgot Password	Contact the site administrator or Help Desk.
Password must have a minimum of 8 characters and a maximum of 20. Your password must include at least 1 upper case and 1 lower case letter, 1 number, 1 special character (the "at" symbol "@"; pound "#"; exclamation "!"); not your login name, not an old password.	Reset Password Create Login My Account Create Account	Re-enter your password. You have four total attempts to enter the correct information.
The Confirm New Password must match the New Password entry.	Reset Password Create Login My Account Create Account	Re-enter the new password.
NPI is 10 digits.	Forgot User ID Create Account	Re-enter your 10 digit NPI.
TIN is 9 digits.	Forgot User ID Create Account	Re-enter your 9 digit TIN.
IDs entered are not in our system. If you need assistance, please contact the Help Desk at 866-879-0109.	Forgot User ID	Re-enter any numbers that are incorrect.
The TIN and ID entered does not match a provider on file. Please contact the help desk at 866-879-0109 for assistance.	Create Account	Contact the Help Desk.



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What is the error message?	On what page(s) could this error appear?	How can you fix it?
The characters you entered didn't match the image verification. Please try again.	Create Account	Check input.  Click on "new image" to reset CAPTCHA image
The User ID must be between 8 – 10 characters. No spaces or special characters are allowed. Please try again.	Create Login Create Account	Enter a User ID that is between 8 to 10 characters without spaces or special characters.
User ID is not available. Please try again.	Create Login Create Account	Enter a new User ID.
Please enter a valid Email address.	Create Login My Account Create Account About You for EH	Re-enter your email address.
Medi-Cal number is 9 digits.	About You for EH	Re-enter your 9 digit Medi-Cal number.
License number is 9 digits.	About You for EH	Re-enter your 9 digit license number.
To proceed, please select the checkbox to agree with the statement. Providers that do not meet these minimum criteria are not eligible to participate in the program.	About You for EH	Click the checkbox.
The entire 90 day Representative Period must be in the previous federal fiscal year.	Eligibility Information for EH	Re-enter dates in the previous calendar year.
You have entered the same state twice. Please remove the state or change it to a unique state for indicating patient volumes. Duplicate states are not allowed.	Eligibility Information for EH	Review the states you have entered and remove duplicates or change the entry to a unique state.

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Numerical data must be entered in the Total Discharges for Representative Period and Medi-Cal Discharges for Representative Period fields for the calculation to be run.	Eligibility Information for EH	Re-enter the appropriate data in the required fields.
--	--------------------------------	---

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Numerical data must be entered in the Total Inpatient Bed Days and Total Discharges for Representative Period fields for the calculation to be run.	Eligibility Information for EH	Re-enter the appropriate data in the required fields
You must attach a minimum of one document supporting your choice to complete this step	Eligibility Information for EH Certified EHR Technology for EH Attestation for EH	Attach back up documentation using the <b>Upload File</b> function
There was an error connecting to the ONC CHPL Web Service used for certification validation. Please try again	Attestation for EH	
Your Certification Number is not found.	Attestation of EHR – Certified EHR Technology for EH	Re-enter the certification number of your EHR.
Attestation of EHR – Criteria for EH	A brief description of how you meet the selected Criteria is required to continue.	Enter a brief description of how you meet the selected criteria.
Word cannot start the converter mswrd632.wpc.	Opening a previously attached .docx file from provider in the Managed Files function	Contact local tech support to verify mswrd632.wpc file is in place on hospital computer system

### 5.3 Frequently Asked Questions (FAQs)

Clicking on the highlighted section links following the questions below will direct you to that section within the User Manual.

**How do I report a problem with the SLR application?** [Section 1.4 – Problem Reporting](#) or [Section 5.1 –Accessing Help](#)

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Why was the SLR Web application developed? [Section 2 - Overview](#)

What can I do with the SLR Web application? [Section 2.1 – Application Features](#)

What do I need in order to be able to use the SLR Web application? [Section 2.3 – Materials and Preparation](#)

What does CMS consider an Eligible Hospital? [Section 6 - Definitions](#)

How do I log into the SLR Web application? [Section 4.2 – Log on to the State Level Registry \(SLR\) system](#)

How do I create an SLR account for the hospital? [Section 4.1 – Creating a New SLR Account for Hospital Representatives](#)

How do I change my password? [Section 4.4.2 – Voluntary Challenge Question Change in My Account](#)

What do I do If I forgot my password? [Section 4.1.2 - Forgot User ID for SLR](#)

What do I do If I forgot my user Id? [Section 4.1.3 - Forgot Password for SLR](#)

How do I get started in applying for the incentive payment for an Eligible Hospital? [Section 4.5 – Applying for the Incentive Program](#)

How do I access messages and reports? [Section 4.10 – Access Reports](#) Where can I view the status of my payment? [Section 4.10 – Access Reports](#) How is my payment calculated? [Section 4.10.2 – How the Payment is Calculated](#)

## 6. Definitions

The following glossary terms are found within this document.

Term/Acronym	Explanation/Expansion
American Reinvestment and Recovery Act of 2009 (ARRA)	ARRA 2009- American Recovery and Reinvestment Act of 2009 is an economic stimulus package enacted in a direct response to the economic crisis. The immediate goals were to:  create new jobs and save existing ones. spur economic activity and invest in long-term growth. foster unprecedented levels of accountability and transparency in government spending.  Included in the Act was funding for health information technology (HIT) investments to computerize health records to reduce medical errors and save on health-care costs. <sup>1</sup>
CMS Certification Number (CCN)	A number assigned to hospitals by the Centers of Medicare and Medi-Cal Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports. <sup>2</sup>
Centers for Medicare and Medi-Cal Services (CMS)	The Centers for Medicare and Medi-Cal Services (CMS) is a United States Federal Agency which administers Medicare, Medi-Cal, and the Children's Health Insurance Program (CHIP). <sup>3</sup>
Computerized Physician Order Entry (CPOE)	Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy. <sup>4</sup>
Electronic Health Record (EHR)	An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. <sup>5</sup>
Electronic Medical Record (EMR)	The EMR is the legal medical record of a patient's encounter with hospitals and ambulatory environments. This record is the source of data for the EHR. <sup>6</sup>

<sup>1</sup> "What is the Recovery Act?" *Recovery.gov*. The Recovery Accountability and Transparency Board, March 11, 2011.

<sup>2</sup> "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

<sup>3</sup> "Centers for Medicare & Medi-Cal Services." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>4</sup> "Computerized Provider Order Entry." *AHRQ: Agency for Healthcare Research and Quality*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>5</sup> "Electronic Health Records Overview." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>6</sup> Garets, Dave and Mike Davis "Electronic Medical Records vs. Electronic Health Records: Yes, There Is a Difference Updated." *HIMSS Analytics*. Healthcare Information and Management Systems. January 26, 2006. March 11, 2011.

Term/Acronym	Explanation/Expansion
Eligible Hospital (EH)	For the purposes of the Medi-Cal EHR Incentive Program and SLR applications documentation, an eligible hospital (EH) is defined as the following:  Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medi-Cal patient volume. Children's hospitals (no Medi-Cal patient volume requirements). <sup>7</sup>
Eligible Professional (EP)	For the purposes of the Medi-Cal EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following:  Physicians (primarily doctors of medicine and doctors of osteopathy). Nurse practitioner. Certified nurse-midwife. Dentist. Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant. To qualify for an incentive payment under the Medi-Cal EHR Incentive Program, an EP must meet one of the following criteria:  Have a minimum 30% Medi-Cal patient volume*. Have a minimum 20% Medi-Cal patient volume, and is a pediatrician*. Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals. *Children's Health Insurance Program (CHIP) patients do not count toward the Medi-Cal patient volume criteria. <sup>8</sup>
End User License Agreement (EULA)	The End User License Agreement (EULA) details how the software can and cannot be used. <sup>9</sup>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The purpose of the Health Insurance Portability and Accountability Act is "to improve...the Medi-Cal program...and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information." <sup>10</sup>
Health Information Technology (HIT)	Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.

<sup>7</sup> "EHR Incentive Programs: Eligibility – Eligible Hospitals." CMS: Centers for Medicare & Medi-Cal services. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>8</sup> "EHR Incentive Programs: Eligibility – Eligible Professionals." United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>9</sup> "EULA." Webopedia. QuinStreet Inc. Date accessed: November 22, 2010.

<sup>10</sup> "Health Insurance Portability and Accountability Act of 1996." CMS: Centers for Medicare & Medi-Cal services. Public Law 104-191. 104<sup>th</sup> Congress. Date accessed: November 22, 2010.



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Term/Acronym	Explanation/Expansion
Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)	The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology. <sup>11</sup>
CMS Medicaid EHR Incentive Program Registration Website	CMS Medicaid EHR Incentive Program Registration site is a data repository that supports the administration and incentive payment disbursements of Medicare and Medi-Cal programs to medical professionals, hospitals and other organizations. <sup>12</sup>
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. <sup>13</sup>
Office of the National Coordinator (ONC) for Health Information Technology	The Office of the National Coordinator for Health Information Technology (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. <sup>14</sup>
Provider	For the purposes of the State Level Registry (SLR) application documentation, a provider refers to both EPs and EHs.
State Level Registry (SLR)	The State Level Registry (SLR) is an application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.
Taxpayer Identification Number (TIN)	A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. <sup>15</sup>
Uniform Resource Locator (URL).	The global address of documents and other resources on the World Wide Web. <sup>16</sup>

<sup>11</sup> "HITECH and Funding Opportunities." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>12</sup> "Grumman nets \$34M CMS' data repository project." *CMIO Contracts and Installations*. TriMed Media Group, Inc. Article date: May 17, 2010. Date accessed: November 22, 2010.

<sup>13</sup> "National Provider Identifier Standard (NPI): Overview." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>14</sup> "The Office of the National Coordinator for Health Information Technology (ONC)." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>15</sup> "Taxpayer Identification Numbers (TIN)." IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

<sup>16</sup> "What is URL?" *Webopedia*. QuinStreet Inc., March 11, 2011.

## Appendix 15: Physician Assistant Led Attestation

Attestation that a Federally Qualified Health Center or Rural Health Center  
is Physician Assistant-Led (PA-Led)

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic NPI: \_\_\_\_\_

\_\_\_\_\_ FQHC \_\_\_\_\_ RHC (check one)

Name of PA who leads the clinic: \_\_\_\_\_

NPI of PA who leads the clinic: \_\_\_\_\_

*At present and for at least 25% of the time during the last 12 months the clinic must have been physician assistant-led.*

Criteria for Physician Assistant-Led: (check at least one)

\_\_\_\_\_ PA clinical director

or

\_\_\_\_\_ PA dominant provider in the clinic

Compared to other providers: (check at least one)

\_\_\_\_\_ PA assigned the most patients

\_\_\_\_\_ PA with the most patient encounters

\_\_\_\_\_ PA with the most practice hours

Name of Eligible Physician Assistant: \_\_\_\_\_

Signature of Eligible Physician Assistant: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 16: Excluded AID Codes for Medi-Cal EHR Incentive Program

Aid Code	Program Description
2V	Trafficking and Crime Victims Assistance Program (TCVAP). Refugee Medical Assistance (RMA). Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
4V	TCVAP – RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
65	Katrina-Covers eligible evacuees of Hurricane Katrina.
7M	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID Card issued.
7N	Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID card issued.
7P	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID card issued.
7R	Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID card issued.
71	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services.
73	Total Parenteral Nutrition (TPN). Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
81	MI – Adults Aid Paid Pending.

## Appendix 17: American Academy of Family Physicians Practice Profile Study

### Average number of family physician visits per week and average number of patients in various settings, June 2008

	Office Visits	Hospital Visits	Nursing Home Visits	House Calls	Patients Supervised Under Home Health Care	Nursing Home Patients Supervised	Hospice Patients Supervised	Patients with Free or Discounted Care
Total	84.9	8.1	2.3	0.6	7.5	9.6	2.1	9.5
Census Division								
New England	77.3	3.7	1.4	1.0	9.7	5.4	1.0	10.4
Middle Atlantic	90.4	9.1	3.0	0.5	1.0	15.1	1.3	6.9
East North Central	84.8	8.2	2.7	0.9	6.4	10.3	1.4	7.2
West North Central	82.3	10.7	2.8	0.2	7.9	13.7	2.5	7.0
South Atlantic	90.3	7.8	3.3	0.8	7.3	11.1	3.1	11.0
East South Central	116.5	14.2	3.5	0.6	13.7	10.4	5.1	9.4
West South Central	92.9	9.3	2.6	0.8	10.9	11.7	2.9	12.8
Mountain	63.9	6.4	1.1	0.3	6.1	5.0	1.4	9.7
Pacific	74.9	3.9	1.9	0.4	3.2	7.1	1.1	10.4
Location								
Urban	82.4	6.4	1.9	0.6	6.8	8.2	1.9	9.0
Rural	92.9	13.4	3.7	0.6	9.8	13.9	2.7	11.0
Completion of FP Residency								
FP Residency Graduate	83.9	8.1	2.3	0.6	7.5	9.7	2.1	9.6
Not FP Residency Graduate	101.5	8.9	2.2	0.3	7.7	7.6	2.4	7.9

*\*Based on survey responses of 1,054 active members of the American Academy of Family Physicians, including those with no visits in any setting.*

Source: American Academy of Family Physicians, Practice Profile I Survey, June 2008

## Appendix 18: Methodology for Identifying Panel Members



### Scope Document/Data Request Form

---

**Date:** May 4, 2011  
**From:** Daria Rostovtseva  
**To:** Dr. Larry Dickey  
**Copies:** Steve Yegge, Raul Ramirez, Steve Grimshaw, Karen Duong

**IR #:** 6396  
**Subject:** Individual Managed Care providers with a panel of 300+ patients in 2010

---

#### Background

The Office of Health Information Technology (OHIT) would like to estimate the proportion of individual Managed Care providers who may be prequalified for the EHR incentive payment program.

#### Scope

Ingenix will prepare a report on the distribution of the estimated panel size per provider in 2010, by provider type. The proportion of providers with panels of 300 or more patients will be calculated.

#### Proposed Selection Criteria

Program codes 02 and 04 will be included (02 – Managed Care plans, 04 - COHS).

Claims and encounters with the following aid codes will be excluded: 0R, 0T, 2V, 4V, 53, 65, 7M, 7N, 7P, 7R, 71, 73, and 81.

Claim types identifying pharmacy and institutional charges, such as room & board, will be excluded (fi\_claim\_type\_cd= '01','02','03' and claim\_type\_cd='2','3').

Patient panel will be estimated as the number of unique patients seen by the provider in 2010. Unique providers are identified by NPI and Service Location Number. Unique patients are identified by patient CIN. Year of service is determined by the Service-From date on the claim header.

We will use the matched provider number to capture all Managed Care records associated with the provider. All providers with valid NPIs will be included, regardless of whether the provider is found in the PMF.

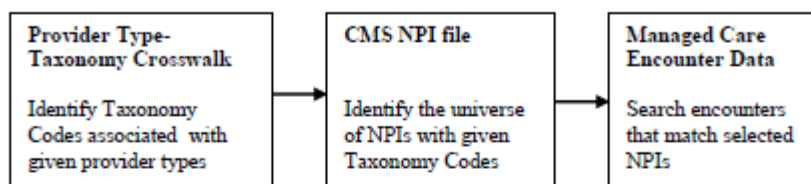
Patients will be attributed to providers according to the following logic. If the rendering provider field is populated and the number can be linked to a valid NPI, the patient will be attributed to this NPI. Otherwise, the encounter will be attributed to the billing provider NPI.

Provider types 005 (nurse midwife), 007 (nurse practitioner), 020 (optometrists) 026 (physicians), 099 (dentists) will be included. Note that provider type is unknown for



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providers not present in the PMF. However, taxonomy codes are available for all providers with valid NPIs from the CMS NPI file. To capture all providers of these types, we will utilize the Provider Type-Taxonomy crosswalk available in the MIS/DSS data warehouse to identify the universe of NPIs that match these criteria. The diagram below shows, in a simplified way, the steps involved in this process:



### Report Format

Report will be delivered in the form of a PDF document. There will be no PHI in the report.

### Proposed Report Generation and Delivery Schedule

The work proposal below assumes that the report is generated using the criteria established in this document.

Date Due	Task	Responsibility
5/6/2011	Scope approved	Ingenix/OHIT
5/16/2011	Report delivered	Ingenix
TBD	Changes requested by OHIT, report revised as necessary	Ingenix/OHIT

### Data Issues

There are two significant data issue in this analysis:

- **Quality of Managed Care provider information.** Prior research found that provider information populated on Managed Care encounter data lacks quality, particularly on program code 02 records. Rendering provider field is frequently not populated or mapped. Both billing and rendering provider fields are often populated with numbers that cannot be matched to the available provider information.
- **Data lag.** Managed Care data has substantial time lags and is sometimes inconsistently submitted by health plans.

## Appendix 19: Inland Empire Health Plan Letter



June 8, 2011

Jenny Chen  
Division of Medicaid & Children's Health Operations  
Centers for Medicare and Medicaid Services, Region IX  
Department of Health and Human Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: California's State Medicaid HIT Plan and Proposal for Prequalification**

Dear Ms. Chen:

On behalf of the Inland Empire Health Plan (IEHP), I am writing in support of the prequalification proposal submitted by the California Department of Health Care Services (DHCS).

IEHP, a Knox-Keene licensed Health Plan located in San Bernardino, California, is a not-for-profit public agency serving low income, vulnerable populations. IEHP serves San Bernardino and Riverside Counties and has over 500,000 Members in the following programs: Medi-Cal (including seniors and people with disabilities), Healthy Families, Healthy Kids, and a Medicare Advantage Special Needs Program. Through a dynamic partnership with providers, award-winning service and innovative products, IEHP is fully committed to providing our Members with quality, accessible and wellness based healthcare services.

IEHP is strongly supportive of the HITECH EHR Incentive Programs and has partnered with both county medical societies to operate a local extension center assisting providers in our community with EHR implementation. We believe that it is important to expedite the distribution of incentive program funding to providers and that DHCS's proposal to "prequalify" a large number of providers based on state-held data is an efficient and statistically sound way to accomplish this. I personally participated on the advisory group to develop this proposal and am particularly pleased to see that DHCS has proposed a multi-pronged methodology that can apply to managed care providers as well as fee-for-service providers.

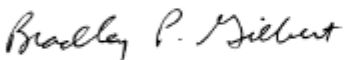
IEHP will continue to work with DHCS on the SMHP and will provide any assistance necessary to launch a successful Medi-Cal EHR Incentive Program in California.

P.O. Box 19026, San Bernardino, CA 92423-9026  
Tel (909) 890-2000 Fax (909) 890-2019 For TTY Users (909) 890-0731  
Visit our website at: [www.iehp.org](http://www.iehp.org)

Page 2 of 2

Thank you for the opportunity to provide this letter of support. If you have any questions please contact me at (909) 890-2010 or [gilbert-b@iehp.org](mailto:gilbert-b@iehp.org). Thank you for your attention and consideration.

Respectfull  
y,



Bradley P. Gilbert, M.D.,  
M.P.P. Chief Executive Officer

## Appendix 20: California Health and Safety Code 1204(a)

### California Health and Safety Code Section 1204(a)

1204. Clinics eligible for licensure pursuant to this chapter are primary care clinics and specialty clinics.

(a) (1) Only the following defined classes of primary care clinics shall be eligible for licensure:

(A) A "community clinic" means a clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money, goods, or services.

In a community clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a community clinic; provided, that the licensee of any community clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a community clinic.

(B) A "free clinic" means a clinic operated by a tax-exempt, nonprofit corporation supported in whole or in part by voluntary donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money, goods, or services.

In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished. No corporation other than a nonprofit corporation exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a free clinic; provided, that the licensee of any free clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a free clinic.

(2) Nothing in this subdivision shall prohibit a community clinic or a free clinic from providing services to patients whose services are reimbursed by third-party payers, or from entering into managed care contracts for services provided to private or public health plan subscribers, as long as the clinic meets the requirements identified in subparagraphs (A) and (B). For purposes of this subdivision, any payments made to a community clinic by a third-party payer, including, but not limited to, a health care service plan, shall not constitute a charge to the patient. This paragraph is a clarification of existing law.

## Appendix 21: California Primary Care Association Letter



June 8, 2011

Jenny Chen

Division of Medicaid & Children's Health Operations Centers for Medicare and Medicaid Services, Region IX Department of Health and Human Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: California's State Medicaid HIT Plan and Proposal for Prequalification**

Dear Ms. Chen:

On behalf of the California Primary Care Association (CPCA), the 850 nonprofit community clinic and health centers (CCHCs) throughout California, and the approximately 3,500 eligible professionals employed or contracted with the clinics I am writing to support the prequalification proposal submitted by the Department of Health Care Services Office of Health Information Technology (DHCS OHIT).

CPCA has been working closely with DHCS OHIT on the meaningful use incentive program since it was announced as part of the HITECH Act in 2009. The providers at the clinics and health centers in California face a significant barrier to qualifying for the incentive payments as they are employed or contracted by the CCHCs to deliver services and as such bill through the CCHC. The state of California does not have a system that captures which provider provided an encounter at a clinic site because it is the CCHC site that bills for the visit. CMS' allowance for group proxy was a tremendous help in developing a path for our member providers to prove eligibility, and the prequalification by group proposed by DHCS OHIT even more so.

Prequalifying clinics using OSHPD data is an efficient and straightforward process. CPCA and our membership are very proud of our reporting to the Office of State Health Planning and Development (OSHPD) as it assists us in maintaining a transparent and accountable health care delivery system for the safety net. This annual reporting is required of all licensed 1204(a) clinics in California. It tracks not only encounters by payer source, but patients seen, language, race/ethnicity, provider type, etc. As DHCS OHIT has conveyed in their proposal already, the data is self reported, but is pulled from



the electronic practice management systems that are ubiquitous throughout clinics in California and have been used for many years. As such, we are confident in the prequalification method using OSHPD data.

CPCA will continue to work with DHCS OHIT on the SMHP and will provide any assistance necessary to launch a successful program in California.

Thank you for allowing us to provide this letter of support. If you have any questions about content, please do not hesitate to contact our Assistant Director of Policy, Andie Patterson, at (916) 440-8170 or [apatterson@cpca.org](mailto:apatterson@cpca.org). Thank you for your attention and consideration.

Sincerely,



Carmela Castellano-Garcia, Esq.  
President and CEO  
California Primary Care Association

## Appendix 22: Vendor Letter Template

### Template Vendor Letter

This letter certifies that Name of Provider, Clinic, Group or Hospital at Address has a binding legal or financial commitment to adopt, implement, or upgrade certified electronic health record technology with Name of Vendor.

Name of Technology and version (required)	A=adopt I=implement U=upgrade (enter one)	ONC Certification Number (required)	CMS Certification ID (required if complete EHR)	Date of Commitment	Method of Commitment (check one)		
					Purchase	Lease	Other

Address of Vendor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number \_\_\_\_\_  
 of Vendor

Signature of Vendor Representative \_\_\_\_\_

Name of Vendor Representative \_\_\_\_\_

Title of Vendor Representative \_\_\_\_\_

## Appendix 23: Attestation Forms for EH/EP

### Hospital Attestation (General Version)

The State of California requires that hospitals submit a signed Attestation Agreement certifying that all information in this application to the Medi-Cal EHR Incentive Program is accurate and complete. By signing this attestation the hospital representative indicates agreement, under penalty of perjury, with all of the following statements:

1. I am legally empowered to represent (insert hospital name from SLR) with the Medi-Cal EHR Incentive Program.
2. The hospital that I represent is voluntarily participating in the Medi-Cal EHR Incentive Program for California.
3. The Medi-Cal patient volumes of [insert percentage from SLR] { % } is calculated using discharge data for the 90 day period from [insert start date from SLR] through [insert end date from SLR]. The number of Medi-Cal discharges ([insert Medicaid discharges from SLR]), number of total discharges ([insert Total discharges from SLR]) and average length of stay ([insert average LOS from SLR] reported for the hospital are correct.
4. The data provided for the incentive payment calculation for the hospital as listed below are correct.

#### Total Medicaid Discharges

Prior Fiscal Year	[From the Year SLR]:	{#} [insert from SLR]
Two Fiscal Years Prior	[From the Year SLR]:	{#} [insert from SLR]
Three Fiscal Years Prior	[From the Year SLR]:	{#} [insert from SLR]
Four Fiscal Years Prior	[From the Year SLR]:	{#} [insert from SLR]

#### Prior Fiscal Year Data

Total discharges:	{#} [insert from SLR]
Medicaid Inpatient Bed Days:	{#} [insert from SLR]
Medicaid Managed Care Inpatient Bed Days:	{#} [insert from SLR]
Total Inpatient Bed Days:	{#} [insert from SLR]
Total Hospital Inpatient Charges:	{#} [insert from SLR]
Total Charity Charges:	{#} [insert from SLR]

5. I am attesting that my hospital has or will during the next year (adopt, implement, or upgrade—insert from SLR) certified EHR Technology.
6. I am attesting on behalf of my hospital that the CMS EHR Certification ID I have provided [insert from SLR] is the correct ID that represents my hospital's EHR system or combination of certified

## California Medi-Cal Health Information Technology Plan

EHR modules.

7. I understand that the State of California may elect to verify and/or audit all information provided by me on behalf of my hospital, both prior to payment being issued and after payment has been made.
8. I understand that falsification of any information may result in my hospital being declared ineligible to participate in the Medi-Cal EHR Incentive Program.
9. I understand that any incentive payments found to have been made based on incorrect information or attestation may be recouped by the State.
10. I understand that the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medi-Cal EHR incentive payments submitted under this provider number will be made from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Signee: \_\_\_\_\_

Title of Signee: \_\_\_\_\_

{Hospital Name} [insert from SLR]

{Hospital NPI} [insert from SLR]

{Hospital TIN} [insert from SLR]

**Privacy Statement (as required by Civil Code, Section 1798 et seq.)** All information requested on the application is required by the Office of Health Information Technology, California Department of Health Care Services (DHCS). The consequences of not supplying the requested information are denial of enrollment into the Medi-Cal EHR Incentive Program. Any information provided will be used to verify eligibility to participate as a provider in the Medi-Cal EHR Incentive Program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, the U.S. Attorney's Office, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by DHCS, contact the Office of Health Information Technology, MS 0004, P.O. Box 997413, Sacramento, CA 95899-7413.

### Provider Attestation

The State of California requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider on this application, or on behalf of the provider, is accurate and complete. By signing, providers indicate that they agree, under penalty of perjury, with all of the following statements:

- I am voluntarily participating in the Medi-Cal EHR Incentive Program for California. I understand that providing the information on this attestation form and in the application is mandatory for my application to be considered for participation in the Medi-Cal EHR Incentive Program for California.
- I am not hospital-based. I did not provide 90% or more of my covered professional services in 2010 in an inpatient hospital or an emergency room of a hospital. (Does not display for practicing predominantly in a FQHC).
- I am board eligible or board certified with the American Academy of Pediatrics or the American Osteopathic Academy of Pediatrics. (Displays only for pediatricians)
- (Display for EP only) My Medicaid patient volume of % [insert percentage from SLR] is calculated using encounter data and/or patient panel data for the 90 day period from [insert start date from SLR] through [insert end date from SLR]. The Medicaid encounters and/or patient panel data ([insert Medicaid encounters from SLR and/or patient panel data), Medically Needy Patient encounters ([insert Medically Needy Patient encounters from SLR if applicable]), and total patient encounters and/or total patient panel data ([insert total patient encounters and/or patient panel data from SLR]) reported for me are correct.
- I am attesting that the CMS certification ID I have provided, {CMS Certification ID} [insert from SLR] is the correct number that represents my EHR system or combination of certified EHR modules.
- I am attesting that any assignment of my incentive payment to my employer, or to an entity with which I have a contractual arrangement allowing the entity to bill and receive payment for my covered professional services is made voluntarily and agree that my EHR incentive payment for this year will be paid to the employer, or other entity specified below. I understand that by making this assignment I will not receive the incentive payment directly, but that the assigned payee will receive the payment on my behalf.

{Payee Name} [insert from SLR]  
 {Payee Address} [insert from SLR ]  
 {Payee NPI} [insert from SLR]  
 {Payee TIN} [insert from SLR]



## California Medi-Cal Health Information Technology Plan

- I understand that the State of California may elect to verify and/or audit all information provided by me or provided on my behalf, both prior to payment being issued and after payment has been made.
- I understand that falsification of any information in this application may result in my being declared ineligible to participate in the program.
- I understand that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the State.
- I understand that the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medi-Cal EHR incentive payments submitted under this provider number will be made from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

{Provider Name} [insert from SLR]

{Provider NPI} [insert from SLR]

{Provider TIN} [insert from SLR]

**Privacy Statement (as required by Civil Code, Section 1798 et seq.)** All information requested on the application is required by the Office of Health Information Technology, California Department of Health Care Services (DHCS). The consequences of not supplying the requested information are denial of enrollment into the Medi-Cal EHR Incentive Program. Any information provided will be used to verify eligibility to participate as a provider in the Medi-Cal EHR Incentive Program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, the U.S. Attorney's Office or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by DHCS, contact the Office of Health Information Technology, MS 0004, P.O. Box 997413, Sacramento, CA 95899-7413.

## Appendix 24: Project Plan

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Department of Health Care Services  
CA-MMIS  
Medi-Cal EHR Provider Incentive Portal  
Program

Version 0.02

08/29/2011

**Deliverable Identifier: Exhibit A, Attachment 1, A.8 1**

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## 1. Introduction

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### 1.1 Purpose

This document provides the Project Plan for the Medi-Cal EHR Provider Incentive Portal Program. Contract requirements for this scope of work can be found in the *RFP Exhibit B-1 Special Payments Provisions*.

### 1.2 Scope

This enhancement requires Project Management and oversight to complete the work outlined in the *RFP Exhibit B-1 Special Payments Provisions*. Work activities completed by the Medi-Cal EHR Provider Incentive Portal Program Sub-Workgroup Team members and other contract stakeholders include:

- Project Planning Deliverables
- Medi-Cal EHR Provider Incentive Portal Program Assessment
- Advanced Planning Document (APD)
- Design, Development, and Implementation (DDI)
- Business Transition and Cultural Change Management
- Training
- Provider Outreach
- Provider and Trading Partner Testing
- User Acceptance Testing (UAT)
- Implementation
- Post-implementation Review
- Post-implementation Support

The Medi-Cal EHR Provider Incentive Portal Program Enhancement is an optional scope of work that will be executed or cancelled at the discretion of DHCS. Determination of a start date and implementation date will be approved at the Medi-Cal EHR Provider Incentive Portal Program Enhancement Sub-workgroup and CA-MMIS Enhancement Workgroup Level.

### 1.3 Objectives

The ACS Proposal included a schedule for this enhancement that began after the Assumption of Operations (AOO) activities were complete. The original date for the AOO, based on contract timelines published by DHCS, was July 2010. AOO is now delayed until October 1, 2011. The current schedule for this project was agreed to in principal on August 1, 2011. The current schedule supports a phased implementation with launch dates agreed to by DHCS. These approved dates are October 3, 2011 for Eligible Hospital functionality, November 15, 2011 for Eligible Group functionality and December 15, for Eligible Provider Functionality. The remainder of the schedule for State User Dashboard functionality and Meaningful Use has been outlined and will be part of the ongoing schedule adjustments necessary to deliver the complete State Level Registry Solution.



## 1.4 Definitions

This section lists any glossary terms specifically applicable to this document. The terms listed below must be consistent with the terms and definitions in the global glossary. The global glossary applies to both Project Management Methodology (PMM) and System Development Methodology.

**Table 1: Definitions**

Term/Acronym Alphabetize	Explanation/Expansion
AIU	Acquire/Implement/Upgrade
AOO	Assumption of Operations
APD	Advanced Planning Document
ARRA	American Recovery and Reinvestment Act of 2009
BCD	Business Case Document
BND	Business Needs Document
BPGA	Business Process Gap Analysis
CAP	Corrective Action Plan
CBT	Computer Based Training
CCMP	Cultural Change Management Plan
CED	Contract Effective Date
CIO	Chief Information Officer
CMC	Computer Media Claim
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
Dashboard	User module of the Provider Incentive Portal that enables State users to validate and audit provider qualification for the Incentive Program
DDI	Design, Development, and Implementation
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DSD	Detailed Systems Design
EDI	Electronic Data Interchange
EPMO	Enterprise Project Management Office. This ACS organizational component oversees project management activities, process improvement, quality initiatives, etc across the contract with ACS.
FI	Fiscal Intermediary
GSD	General System Design
ILT	Instructor Led Training
M.U.	Meaningful Use
OTR	Original Transaction Repository
PMBOK	Project Management Body of Knowledge
PMM	Project Management Methodology
PRO	Provider Relations Organization.

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RVR	Requirements Validation Report
-----	--------------------------------

Term/Acronym Alphabetize	Explanation/Expansion
SDLC	System Development Life Cycle
SLR	State Level Registry. Also known as the Provider Incentive Portal. The application being developed for the Provider Incentive Program.
SME	Subject Matter Expert
TGO	Timeline Graphic Overview
TR	Technical Requirements
TSC	Telephone Service Center
UAT	User Acceptance Test
WBS	Work Breakdown Structure
WTX	WebSphere Transaction Extender

## 1.5 Referenced Documents

The following documents are referenced within the *Medi-Cal EHR Provider Incentive Portal Project Plan*.

Referenced Document	Document Location	Version # and Date
A.2.a Communication Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Cost Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Decommissioning Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Issue Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Procurement Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Project Management Review	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Risk Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Scope Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Time Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.2.a Takeover Change Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010
A.8c Medi-Cal EHR Provider Incentive Portal Program Enhancement Organization Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 07/21/2010
J.5 Takeover Quality Management Plan	ACS SharePoint/Deliverables-Work Products/Approved Deliverables	Version 1.0 – 06/15/2010

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## 2. Project Plan

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### 2.1 Approach

This enhancement will follow all applicable contract standards that are established during the Takeover Phase of the ACS Fiscal Intermediary (FI) contract, with exceptions specifically addressed in this plan. A list of contract standards applicable to this enhancement includes, but is not limited to:

- Project Management Methodology (PMM)
- Project Management Tools, Processes, and Standards
- EPMO Governance Model
- System Development Life Cycle (SDLC)
- Security Policies
- Development Tools, Processes, and Technical Standards
- Testing Tools, Processes, and Standards
- Business Transition Methodology

The CA-MMIS Enhancements Workgroup Charter documents all ACS and DHCS resources that contribute to planning, status reporting, and completion of assigned activities relating to this scope of work. This and other Medi-Cal EHR Provider Incentive Portal Program Enhancement documentation are stored on the ACS SharePoint repository.

#### 2.1.1 Medi-Cal EHR Provider Incentive Portal Program Enhancement Implementation Approach

Our approach is based on the Final Rule from CMS for the Provider Incentive Program. In collaboration with DHCS, we developed requirements that would satisfy compliance with the final rule. In addition, the design and requirements were developed to meet the needs of DHCS to serve the California provider community in their efforts to qualify for Federal ARRA Hitech Provider Incentive Funding.

The approach to the Medi-Cal EHR Provider Incentive Portal Program Enhancement Implementation includes the following:

- Analysis of CMS Ruling
- DDI
- Business Transition and Post-implementation Support

##### 2.1.1.1 Implementation Planning Phase

The implementation planning phase focuses on the identifying the scope and complexity of a Provider Incentive Portal that meets the CMS and DHCS requirements for the first year of the Medicaid EHR Incentive Program funded through ARRA. The Provider Portal delivery is planned for October 3, 2011

##### ***Preparation Stage***

During the Preparation Stage, key stakeholders for each business area will be identified and the guidelines and requirements of the incentive program will be reviewed to determine the approach needed to develop the appropriate solution.

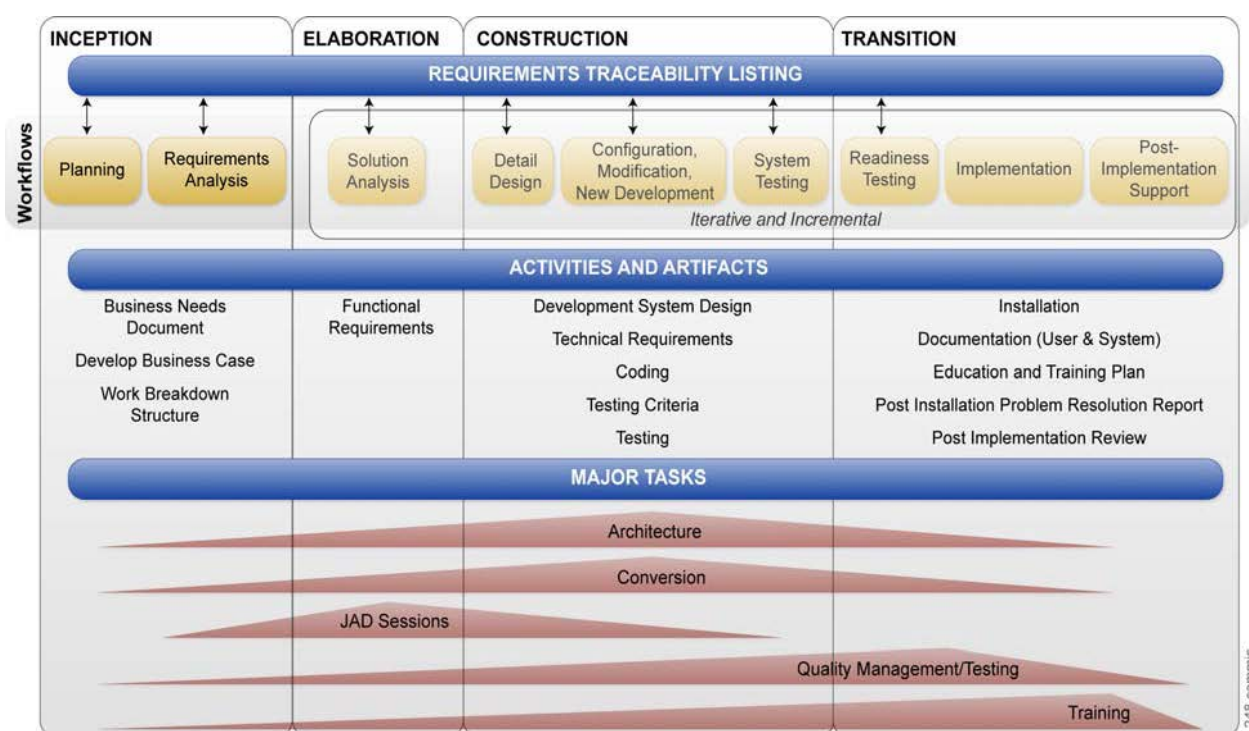
## California Medi-Cal Health Information Technology Plan

### 2.1.1.2 Design, Development, and Implementation (DDI)

ACS submitted the contract wide approach for the SDLC as a part of Takeover Deliverable L.2b, *PM System, SDLC, and COTS Systems* on September 3, 2010. The Medi-Cal EHR Provider Incentive Portal Program schedule dependency on the DHCS approved SDLC and corresponding artifacts is included as an external milestone dependency within the *A.8a Enhancement Medi-Cal EHR Provider Incentive Portal Program Project Plan LSO\_E06*.

ACS will work to align the deliverable format and content with Takeover Deliverable L.2b on the ACS SharePoint repository. An overview of the basic SDLC Phases and common workflow activities can be seen in Figure 1, SDLC Workflow.

**Figure 1: SDLC Workflow**



This plan outlines all critical tasks leading up to the go-live date, the execution of all transition activities that occur during go-live, and early operational and system support that is to be provided for this enhancement.

#### **2011 Release – Medi-Cal EHR Provider Incentive Portal Program – A.I.U and MU**

- October Release
- November Release
- December Release
  - ◆ Conduct Performance Testing
  - ◆ Conduct Interface Testing
  - ◆ Prepare for formal UAT

## **California Medi-Cal Health Information Technology Plan**

- ◆ Obtain DHCS approval of the *Detailed Implementation Plan*

### **2012 Release - Medi-Cal EHR Provider Incentive Portal Program –**

- Updates to accommodate 2<sup>nd</sup> year functionality

The multiple release approach outlined above allows for our ability to deliver initial portal functionality in accordance with the CMS launch of the program in January 2011, and to continue to add functionality to support the first year of the program, as well as continue to modify the portal to remain compliant with CMS regulations for each subsequent Incentive Payment Year.

#### **2.1.1.3 Business Transition and Post-implementation Support**

As each release of the portal functionality is moved into production, ACS provides support to DHCS staff and the providers using the portal. The SLR Subject Matter Experts provide direct support during the initial weeks of the implementation, and an SLR Help Desk provides the first level of support to providers with questions about the application or the incentive program.

#### **Documentation and Software Components**

New documentation will be created during this implementation. For example, ACS will develop a comprehensive user guide for the portal application, as well as tools to assist the providers in gathering the data needed to complete their attestation information in the portal.

This approach requires the following new software components:

Medi-Cal EHR Provider Incentive Portal – this tool will be used to manage all information related to the incentive program, including attestation data, appeals data, and audit documentation.

#### **Training Needs and Communication**

With any change comes an impact to the users and stakeholders. A change of this magnitude can result in significant impact to providers if all users – ACS staff, DHCS staff, providers, and other stakeholders – are not prepared for the change.

Interacting with stakeholders early in the process lays the foundation for this change; engaging them often keeps them informed.

#### **DHCS Staff Training**

A User Guide will be developed to educate DHCS staff on the process for using the Provider Incentive portal. ACS Subject Matter Experts will also work hand in hand with DHCS staff on using the portal.

#### **ACS Staff Training**

Training will be provided to the ACS Help Desk Agents to ensure timely support of the Provider Portal. This training is imperative so that the agents are equipped to triage questions appropriately and assist providers with working through their attestations.

#### **Provider Training**

As with all of the ACS's provider relations activities, our provider training focus is to deliver high quality service conducted by friendly, knowledgeable staff. Because we are aware that training requires a significant time investment on the part of providers and their office staffs, our goal is to use their time efficiently and effectively.

The ACS will use a Train-the-Trainer approach to train representatives from the Regional Extension Centers and the various provider support organizations like the California Hospital Association so that they can assist their members with completing their attestations.

#### **Testing Approach**

## California Medi-Cal Health Information Technology Plan

The testing effort involves teaming with the Client UAT Testing Team, Vendor Quality Assurance, ACS Quality Assurance, ACS Data Solutions, ACS Development, and ACS Business Analysis. The State Level Registry testing effort includes a series of end-to-end capability, web capability, and transaction capability.

### **Post-implementation Review**

Following Implementation and Transition activities, the ACS will work with DHCS to conduct a post-implementation review and document the results. The ACS will develop a corrective action plan (CAP) for any deficiencies that are documented and work with DHCS to close them out and formally declare completion for the work associated with this enhancement.

### **2.1.2 Deliverables by Project Phase**

The following table provides a listing of all deliverables planned under this scope of work and the associated payment milestone to which they map. The payment milestone phases are further explained under the requirements referenced within the *Cost Management* section of this document

**Table 2: Deliverable Listing**

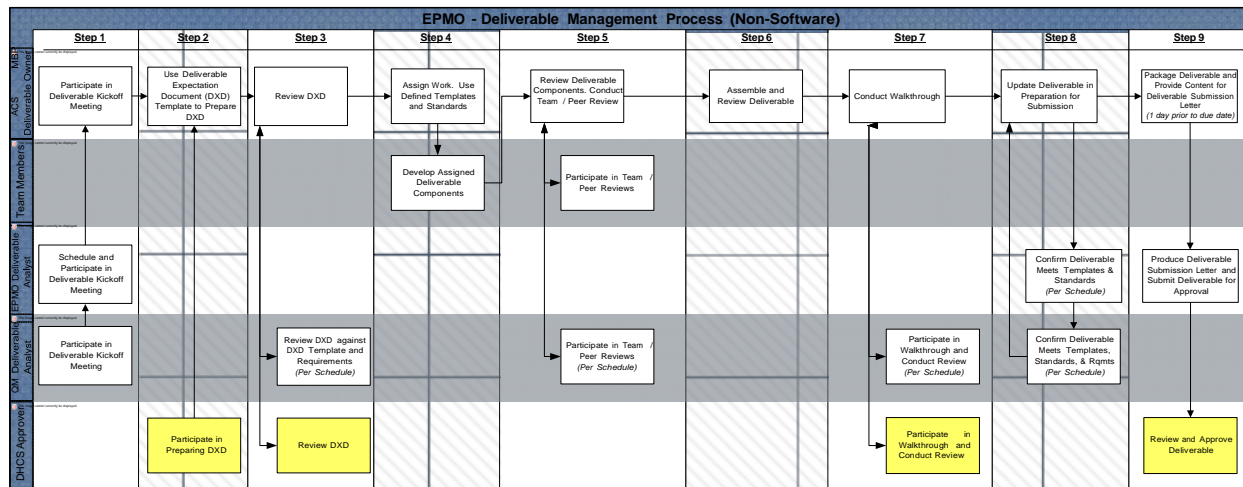
Project Phase	Deliverable Names	Payment Milestone
Specific Functional Design, Project Plan, Test Plan	<ol style="list-style-type: none"> <li>1. Project Plan</li> <li>2. Functional Requirements</li> <li>3. Test Criteria</li> </ol>	Phase I
Technical System Design, Programming, Testing, Education & Training	<ol style="list-style-type: none"> <li>4. User Acceptance Testing and Approval</li> <li>5. Technical Requirements</li> <li>6. Provider ID: Development and Implementation</li> <li>7. Provider Certification: Development and Implementation</li> <li>8. Provider Enrollment: Development and Implementation</li> <li>9. Provider Adoption Plan: Development and Implementation</li> <li>10. Provider Education Plan: Development and Implementation</li> </ol>	Phase II
Implementation, Post Implementation Review	<ol style="list-style-type: none"> <li>11. Provider Payment process: Development and Implementation</li> <li>12. Provider Audit process: Development and Implementation</li> <li>13. Reporting &amp; Analytics</li> </ol>	Phase III

### **2.1.3 Deliverable Workflow Process**

The *Deliverable Management Process* details the strategy for deliverable collaboration, ACS Delivery to DHCS, and DHCS approval. This process is applicable to all contract deliverables that are not directly related to software development (coding and testing). This document is owned by the EPMO and stored on the ACS SharePoint repository.



Figure 2: Deliverable Workflow



## 2.1.4 Cost Management

The *Cost Management Plan* details the management strategy for achieving financial objectives. This plan establishes the process for validating that costing plans, progress, and changes are communicated to ACS senior management and other project stakeholders as appropriate such that the cost of the project tracks as planned.

Additional details on the approach to cost management can be found in the *Takeover Cost Management Plan*, which is available on the ACS SharePoint repository.

### 2.1.4.1 Enhancement Estimation and Reimbursement Requirements

The ACS approach to Cost Management for the CA-MMIS enhancements found in the *RFP (Exhibit A, Attachment IV, Section A. System Enhancements)* adheres to the following RFP requirements, found in *Exhibit B, Attachment I, Section 5.a. Enhancements Payments*:

#### *Exhibit A, Attachment IV System Enhancements –*

The proposer shall define its schedule for enhancement implementation in its narrative technical proposal (NTP). A separate fixed price for the DDI and an annual operations fixed price for each enhancement shall be bid. During the narrative technical or price bid evaluation, or after the contract effective date (CED), DHCS may elect not to implement or to cancel an enhancement, in which case payment would not be made for any work that has not been completed. DHCS reserves the right to cancel any enhancement at any time. If an enhancement is accepted by DHCS and the Contractor begins work on that enhancement, and DHCS subsequently cancels the enhancement after work has started, the Contractor will be reimbursed for work up to and including the point that DHCS has cancelled.

#### *Exhibit B, Attachment I Enhancement Payments –*

Enhancements are work activities that have been identified in the Contract as a new feature or modification of an existing feature requiring a change to the automated system. These enhancements are described and listed in Exhibit A, Attachment IV. Enhancements approved for implementation in the Legacy or Replacement System are payable as indicated below.

The Contractor shall be paid a separate price for the design, development implementation (DDI) of each enhancement. These costs, as shown in Attachment 16-17A, Price Bid Sheets, shall remain good for three years from the Date of Assumption of Operations and should include any CPI adjustment for that period. The costs for these enhancements, if implemented in the Legacy System must include adapting and integrating the enhancement into the Replacement System at the rate cost proposed for the enhancement as shown on bid sheet 16-17A (Legacy column). Enhancements implemented in the Legacy System would not be payable for the cost shown on bid sheet 16-17A (Replacement column).

### 1) Enhancement Payments

Percentage payments for the enhancements involving systems development will be made contingent upon the State's written approval of required deliverables at the completion of each enhancement phase. Payment percentages will be as follows:

Phase I: Specific Functional Design, Project Plan, and Test Plan 20%

Phase II: Technical System Design, Programming, Testing, and Education/Training 60%

Phase III: Implementation, and Post-Implementation Review 20%

Enhancement Invoicing

Upon the written approval of the required scheduled deliverables for the enhancement phase, the Contractor shall submit a separate invoice to the State for each of the three (3) enhancements phases identified above.

## 2.1.5 Procurement Management

The *Procurement Management Plan* defines the approach the CA-MMIS Project Team will take to identify project needs for suppliers, to select qualified suppliers, to enter into supplier agreements, and to manage those supplier agreements effectively. A supplier in this context is defined as an individual or a company with whom the MBP has an agreement such that the supplier will provide some product or service related to the completion of the CA-MMIS Project at hand.

Additional details on the approach to procurement management can be found in the *Takeover Procurement Management Plan*, which is available on the ACS SharePoint repository.

## 2.1.6 Human Resource Management

The purpose of the *Human Resource Management Plan* is to establish a structured, repeatable process to make sure that resources are compensated, managed, and rewarded appropriately. It also includes processes that work toward timely identification of staffing issues to avoid a negative impact to the project. By developing this plan, the ACS is able to make sure that resources perform assigned functions as required, that performance is monitored, and appropriate steps are taken when improvement is required. This plan includes activities to review staff compensation and validate that resources are compensated fairly, that resource efforts are recognized and rewarded, that resources remain motivated, and that turnover is minimal.

Additional details on the approach to procurement management can be found in the *Takeover Human Resource Management Plan*, which is available on the ACS SharePoint repository.

## 2.1.7 Time Management

The approach used for time management is based on the *Project Management Body of Knowledge (PMBOK) Guide - Third Edition*. The project involves all stakeholders to develop schedules, monitor progress against the schedule baseline and planned milestones, identify and respond to schedule slippage, and use change control processes to minimize scheduling impacts due to new requirements or

objectives. Management is kept aware of any deviations to planned work throughout the Takeover and other phases of the project.

The approach to time management includes the following high-level activities:

- 1) Develop the schedule - Analyze activity sequences, durations, and resource requirements to create the schedule.
- 2) Monitor the schedule - Monitor progress against planned tasks with particular attention to critical path activities and taking action to resolve scheduling issues.
- 3) Control the schedule - Control changes to the integrated schedule.

Additional details on the approach to time management can be found in the *Takeover Time Management Plan*, which is available on the ACS SharePoint repository.

### 2.1.8 Quality Management

The CA-MMIS *Quality Management Plan (QMP)* details the methodical Quality Management (QM) activities needed to independently examine, review, and audit Department of Health Care Services (DHCS) operational processes, monitor System/Software Development Life Cycle (SDLC) activities, and continuously improve the overall level of quality of the processes, procedures, services, and products delivered to all California Medicaid Management Information System (CA-MMIS) stakeholders.

Through the QM process, quality is realized and continuously improved while meeting or exceeding the requirements for Capability Maturity Model Integration (CMMI) Level 2 or International Organization for Standardization (ISO) 9001:2000 standards.

The first rule of quality is that *the customer, DHCS, defines Quality*. Customer focus is critical to the entire CA-MMIS project. When customer requirements are monitored and measured and those measurements add up to what the customer defines or needs, then quality has been provided successfully. Thus, conformance to agreed upon requirements becomes a key driver of our Quality Management Organization (QMO).

ACS provides a Quality Management Organization, referred to as QM, which is an independent organization of resources, tools, processes, and procedures applied to all aspects of DHCS' program and contract delivery so that customer requirements are met. The QMO is established during the Takeover Phase and is threaded throughout the life of the contract, including the Turnover Phase.

The ACS Medi-Cal Business Partnership's (MBP's) committed approach to delivering quality extends beyond improving unacceptable levels of customer dissatisfaction. The QMO is driven to prudently apply stringent quality checkpoints and balances through its understanding that poor quality directly relates to increased costs associated with rework within each operational area, adjustments due to non-standardized processes, and fraud, waste, and abuse leaks.

The QMO will assist DHCS in advancing the key indicators in Medicaid Information Technology Architecture (MITA) categories: Timeliness of Business Process, Data Access/Accuracy, Effort to Perform, Cost Effectiveness, Accuracy of Process, and Value to Stakeholders.

The CA-MMIS project QMO collaboratively supports the State of California's requested Quality Assurance (QA) processes, Independent Verification and Validation (IV&V) audits, and oversight activities required by the Office of the Chief Information Officer (OCIO) Information Technology Project Oversight Framework, as well as other DHCS-required audits.

The QM Team understands DHCS' commitment to leveraging Medi-Cal's purchasing power to measure and reward quality in health care and to pursuing the adoption of new technologies that support Health Information Technology/Health Information Exchange (HIT/HIE) in order to deliver a value driven health care system.

### **2.1.9 Progress Reporting**

In an effort to keep the communication channels open and functional, progress reporting takes place at multiple levels throughout the organization and involves both meetings and written reports. A number of key recurring progress meetings are scheduled to provide team members with a forum to share information, discuss progress and status, and address escalated issues and risks.

Additional details on the approach to progress reporting can be found in the *Takeover Communication Management Plan*, which is available on the ACS SharePoint repository. This plan identifies each progress meeting and information regarding the frequency, audience, and artifacts to be reviewed. Other recipients can be included in the distribution of particular reports when necessary or as requested. The *CA-MMIS Enhancement Workgroup Charter* defines specific participants and the established frequency of meetings to facilitate reporting on the Medi-Cal EHR Provider Incentive Portal Program Enhancement Workgroup and Sub-workgroup activities.

### **2.1.10 Scope Management**

Scope Management is the process by which scope will be defined, verified, approved, monitored, and controlled during this enhancement. In order to keep the measurable elements of the contract, such as objectives, requirements, development activities, and resources within the project's defined timeframes, the scope must be explicitly defined.

Scope Management begins with the definition and documentation of the work necessary to complete the Takeover Phase. Once defined, approved, and baselined, scope can then be managed and controlled according to the Scope Management process defined within this plan.

The *Scope Management Plan* includes the following high-level activities:

- 1) Step 1 - Define Scope
- 2) Step 2 - Verify and Approve Scope
- 3) Step 3 - Monitor and Control Scope

Additional details on the approach to Scope Management can be found in the *Takeover Scope Management Plan*, which is available on the ACS SharePoint repository.

### **2.1.11 Risk Management**

Risk Management is the process of anticipating, identifying, and defending against both internal and external barriers to project success. The Risk Management process identifies events or situations that can impact a project's ability to achieve stated goals, objectives, or expectations, and the process for developing a strategy to avoid or minimize these risks. While some risks can be identified from the outset of this enhancement, others will emerge throughout the life of the project. Effective Risk Management is a critical element of the CA-MMIS Project Management approach.

Risk Management is iterative, and conducted throughout the Medi-Cal EHR Provider Incentive Portal Program Enhancement. The approach to Risk Management explicitly focuses on building risk discovery and mitigation into day-to-day management activities. This verifies that risks are identified early, steps toward mitigation are built into the project plans, and progress toward risk mitigation is monitored as a routine component of the management process. This approach consists of four high-level steps, which are supported by several underlying activities:

- 1) Step 1 - Identify and Assess Risks
- 2) Step 2 - Review Risks
- 3) Step 3 - Plan and Develop Risk Response Strategy
- 4) Step 4 - Monitor and Control Risks

Additional details on the approach to Risk Management can be found in the *Takeover Risk Management Plan*, which is available on the ACS SharePoint repository.

Several Medi-Cal EHR Provider Incentive Portal Program Enhancement project risks have been identified through planning and risk assessment activities. Documented mitigation strategies have been reviewed with DHCS and will continuously be managed throughout the implementation timeline.

### 2.1.12 Problem Identification and Resolution

Issue Management is the process of identifying, tracking, and bringing to resolution issues that affect the project's progress and direction. Issues are problems or questions that require analysis followed by a solution, decision, or agreement before they can be resolved. The Issue Management process establishes an iterative process for identifying an issue through resolution and closure. It is imperative that issues are tracked and resolutions are documented for future lessons learned application.

During the Medi-Cal EHR Provider Incentive Portal Program Enhancement, issues will continually be identified, managed, and closed. The Issue Management approach consists of four high level steps, which are supported by several underlying activities:

- 1) Step 1 - Identify and Assess Issues
- 2) Step 2 - Review Issues
- 3) Step 3 - Develop Issue Resolution Plan
- 4) Step 4 - Monitor and Manage Issues through Closure

Additional details on the approach to Issue Management can be found in the *Takeover Issue Management Plan*, which is available on the ACS SharePoint repository.

### 2.1.13 Security Handling and Enforcement

ACS employees that perform work related to this Enhancement follow the contract's established Information Privacy and Security Policies and are required to sign an acknowledgement form that indicates they have read, understand, and will comply with all required security protocol. A copy of the *Information Privacy and Security Policy* can be found on the ACS SharePoint repository.

All application and operational security requirements will be documented during the Requirements Phase of the project. These requirements will be incorporated into the design, configured within the application, tested prior to implementation, and reviewed during Operations Phase of this enhancement.

### 2.1.14 Decommissioning Replaced Legacy System Components

The *Decommissioning Plan* defines the approach the CA-MMIS Project Team will take to decommission identified CA-MMIS Legacy System components as a result of the implementation of the new CA-MMIS functionality. This plan presents the process by which the decommissioning requirements of CA-MMIS are developed for the legacy system. Included are: (a) specifics on what is to be decommissioned; (b) the process and procedures for the decommissioning of legacy systems; and (c) the responsibilities of CA-MMIS Legacy Systems project and the CA-MMIS Health Enterprise project staff to conduct of the overall decommissioning process.

The decommissioning procedures are intended to verify that legacy system components (system equipment, software, operational functionality, and ongoing operational processes) that are no longer required can be removed. The *Decommissioning Plan* details process steps enacted to verify that related and interfacing processes continue to operate completely and correctly.

Additional details on the approach to decommissioning can be found in the *Takeover Decommissioning Plan*, which is available on the ACS SharePoint repository. A customized decommission plan and timeline for all legacy system components that are replaced as a result of the Medi-Cal EHR Provider Incentive

Portal Program Enhancement will be completed as a part of the *Detailed Implementation Plan* completed under this scope of work.

## 2.2 Project Schedule

The ACS has submitted a schedule for this enhancement using Microsoft Project 2007. The schedule is subject to approval by DHCS and will be modified according to the contract's defined change management and time management procedures. The name of the schedule is "TBD" and it includes:

- WBS of all activities, deliverables, and milestones required for a successful implementation and operational transition to the Medi-Cal EHR Provider Incentive Portal Program electronic transactions
- External dependencies and constraints due to contractual requirements and federally mandated compliance dates
- Predecessors/successors of tasks and relationships to external project milestones

This schedule will be updated with resource assignments and resource leveling upon approval to proceed with work from DHCS and approval of the *Medi-Cal EHR Provider Incentive Portal Program Enhancement Organization Plan*. The Medi-Cal EHR Provider Incentive Portal Program Enhancement schedule meets the following requirements for project schedule outlined in the *RFP (Exhibit A, Attachment IV, Section A. System Enhancements)*:

### a. Project Plan

Two (2) weeks after the CED, the Contractor shall provide a project plan for each of the enhancements as well as any updates to the plans that were submitted with its NTP. The project plan(s) must contain a Design, Development and Implementation (DDI) schedule, for each accepted system enhancement. The project plan shall conform to the requirements identified in Exhibit A, Attachment III, Section A.11 "Project Plan Development". The project plan shall define the step-by-step approach required for each enhancement, and must include:

Planned tasks and activities;  
Staffing levels;  
Schedule of events, including DDI milestones; and  
Plan to ensure complete review and acceptance of each enhancement.

The project plan shall provide:

- 1) A graphic overview of the timeline relationship of the DDI for each enhancement. This overview shall be prepared on a Gantt-type chart and shall include:
  - a) Enhancement title and RFP reference number;
  - b) Work breakdown structure (WBS); and
  - c) Beginning and ending dates of each DDI phase, in monthly increments.
- 2) A project schedule for each enhancement. Using an alpha/numeric WBS code (not to exceed ten digits), all work performed for the enhancements shall be subdivided into a WBS as follows:
  - a) Task – Major activities;
  - b) Major Subtask – Logical grouping of subtasks;



- c) Subtasks – Groups of work packages required to complete a task; each subtask shall consist of no more than four (4) work packages and shall result in a defined deliverable.
- d) Work Package
  - i. Each work package must be defined
    - by: A. Description;
    - B. Identifiable product;
    - C. Skill/resource categories;
    - D. Estimated resource; and
    - E. Overall duration of the activity.
  - ii. The total resource unit estimates for a work package shall not exceed one hundred sixty (160) staff hours. DHCS requires an explanation for any exceptions.
  - iii. The total duration of the work package activity shall not exceed four (4) weeks. DHCS requires an explanation for any exceptions;
- e) All milestones and deliverables shall be identified with an “m” for milestones or an “d” for deliverables, respectively (see Exhibit K, Glossary of Terms for the definition of milestones and/or deliverables); and
- f) All deliverables and/or tasks requiring DHCS approvals shall be identified with the date approved.

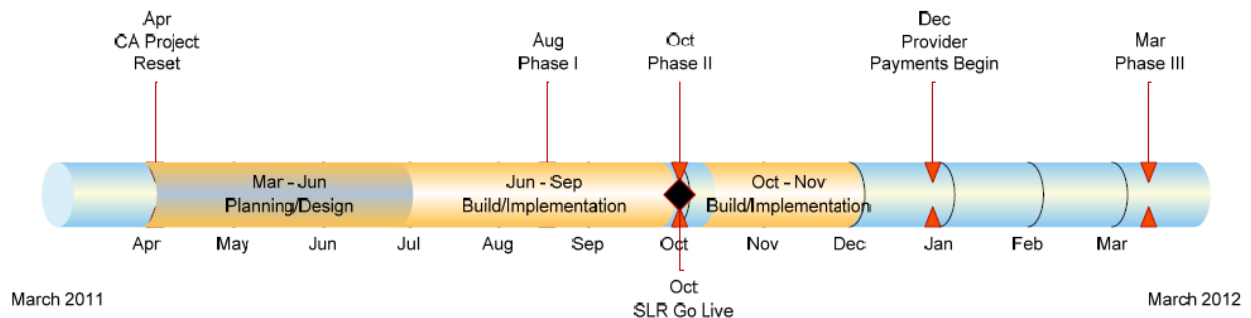
The project plan must sequence and schedule all subtasks logically, and obtainable time frames shall be provided for task completion.

The following figure provides a high-level view of the schedule that was submitted to DHCS in November 2010 to be included in the APD required by CMS.

This timeline is subject to change at the direction and approval of DHCS. The current schedule and high level TGO can be found on the ACS SharePoint repository. By request, DHCS can request authorized access to the current project schedule found on Project Server 2007 for review of specific WBS tasks, WBS task relationships, and overall project timelines.

Schedule revisions throughout the assessment phase of the contract are likely due to anticipated difficulties associated with obtaining CA-MMIS knowledgeable resources during the Takeover Phase of the contract. Risks that may have an impact on project schedule, project costs, and solution quality are actively managed on the ACS SharePoint Repository. ACS will work with DHCS to address any slippage that occurs early in the project timeline (Please see risks 49 and 50, respectively) due to these documented risks

Figure 3: High Level Timeline Graphic Overview



## 2.3 Organization Plan

The *Medi-Cal EHR Provider Incentive Portal Program Enhancement Organization Plan* provides an in- depth description of the organizational components, individual roles/resources, and allocation levels needed for the Medi-Cal EHR Provider Incentive Portal Program Enhancement. This plan defines the total ACS dedicated staffing levels, by classification, in support of this enhancement. This organization will be separate from the Systems Group staff as required by the *RFP*.

The *Medi-Cal EHR Provider Incentive Portal Program Enhancement Organization Plan* is available on the ACS SharePoint Repository, and meets the following requirements found in the *RFP (Exhibit A, Attachment IV, Section A. System Enhancements)*:

### 4. Organization Plan

Upon approval of each enhancement by the Contracting Officer, the Contractor shall update the Enhancement Organization Plan of the Contractor's technical proposal. This updated plan shall provide a complete and detailed description of the organization structure (which shall be separate from the System Group staff) of persons who will implement the enhancements and shall give the total staffing levels by classification for each organizational unit. The staffing levels provided shall be identical to the staffing needs indicated in the enhancement project plan. If staffing levels vary by enhancement, the variable staff levels shall be discussed in a narrative and shown on a Gantt or staff-loading chart for each enhancement.

Additionally, the organization plan shall include the following:

- Organization charts and descriptions that show the location of the Project in the Contractor's firm, functional responsibilities of each organizational unit, delegation of responsibilities to organizational units, organizational decision making points, and staffing classification; and
- Complete job descriptions (specifications) for all classifications, including job titles, functional responsibilities, and experience requirements.

## Appendix 25: Project Schedule

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	40%	ENH_SLR_WP_State Level Registry_AIU Project	358 days	11/1/10	3/27/12			
	100%	ENH_SLR_XP_EXTERNAL DEPENDENCIES	75 days	12/24/10	4/12/11			
	100%	ENH_SLR_XP_INCOMING	1 day	4/1/11	4/1/11			
	100%	ENH_SLR_XM_Security Plan Approved	1 day	4/1/11	4/1/11	7	66	
	100%	ENH_SLR_XM_Data Recovery Plan Approved	1 day	4/1/11	4/1/11	8	72	
	100%	ENH_SLR_XP_OUTGOING	75 days	12/24/10	4/12/11			
	100%	ENH_SLR_XM_Security Plan Submit to CAMMIS	0 days	12/24/10	12/24/10	64	4	
	100%	ENH_SLR_XM_Data Recovery Plan Submit to BCDR	0 days	4/12/11	4/12/11	70	5	
	40%	ENH_SLR CRITICAL WORK	358 days	11/1/10	3/27/12			
	100%	ENH_SLR_WP_Completed SLR Activities	117 days	11/1/10	4/15/11			
	100%	ENH_SLR_WP_SLR Project Restart	1 day	4/18/11	4/18/11			
	100%	ENH_SLR_WT_Restart SLR Project Kickoff	1 day	4/18/11	4/18/11	38,26,27,2	75,23,110	Moylan Paul[10%],Marchant Michael[10%]
	97%	ENH_SLR_WP_SLR Project Planning	106 days	4/18/11	9/15/11			
	100%	ENH_SLR_WT_Develop Preliminary Scope Statement	5 days	4/18/11	4/22/11	41	44	Marchant Michael[25%]
	100%	ENH_SLR_WT_Review Draft Scope Statement with DHCS	1 day	5/13/11	5/13/11	43	45	Marchant Michael[25%]
	100%	ENH_SLR_WT_Update Draft Scope Statement	10 days	6/24/11	7/8/11	44	46,48	Moylan Paul[25%]
	100%	ENH_SLR_WT_Formally Submit Scope Statement	6 days	7/11/11	7/18/11	45	47FS+10 d	Moylan Paul[10%]
DHCS or Shared	100%	ENH_SLR_WM_DHCS Approval of Scope Statement	0 days	8/1/11	8/1/11	46FS+10 d	49FS+21 days	
	100%	ENH_SLR_WT_Review Draft SLR Project Schedule	1 day	6/23/11	6/23/11	45	60,52FS+2	Moylan Paul[63%]
	100%	ENH_SLR_WT_Schedule Project Management Plan Review EPMO and OHIT	1 day	8/31/11	8/31/11	47FS+21 d	50FS+5 d	Moylan Paul[25%]
	100%	ENH_SLR_WT_Review CAMMIS Project Management Plan with DHCS	0.5 days	8/29/11	8/29/11	49FS+5 day	60,51FS+1	Moylan Paul[25%]
	0%	ENH_SLR_WT_Follow Up Review CAMMIS Project Management Plan with DHCS	1 day	9/13/11	9/14/11	50FS+10 d	60	
	100%	ENH_SLR_WT_Submit and Review Preliminary LOE to DHCS for Review	1 day	7/27/11	7/27/11	48FS+22 d	53	Moylan Paul
ACS Milestone	100%	ENH_SLR_WM_Formally Submit SLR Project Schedule to DHCS	1 day	8/31/11	8/31/11	49FS+3 day	55FS+10 days,54FS+7 days	
	0%	ENH_SLR_WT_Review SLR Project Schedule on Server with DHCS	0.13 days	9/13/11	9/13/11	53FS+7 day	60	Ponik Suzette

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WM_DHCS Approval of Project Schedule	0 days	9/15/11	9/15/11	53FS+10 d	60	
	100%	ENH_SLR_WM_Received Test Plan Conditional Approval	0 days	7/27/11	7/27/11	11	57	
	100%	ENH_SLR_WT_Update Test Plan for Resubmission to DHCS	10 days	7/28/11	8/10/11	56	58FS+5 da	Moylan Paul
ACS Milestone	100%	ENH_SLR_WT_Formal Resubmit of SLR Test Plan to DHCS	1 day	8/18/11	8/18/11	57FS+5 day	59FS+10 d	Moylan Paul[20%]
DHCS or Shared	0%	ENH_SLR_WM_DHCS Approval of Test Plan	0 days	9/1/11	9/1/11	58FS+10 dc	60	
DHCS or Shared	0%	ENH_SLR_WM_SLR Project Management Planning Complete	0 days	9/15/11	9/15/11	50,55,59,48,51,54		
	68%	ENH_SLR_WP_SLR Infrastructure and Data	206 days	12/13/10	10/3/11			
	93%	ENH_SLR_WP_SLR Infrastructure and Data Requirements	192 days	12/13/10	9/13/11			
	80%	ENH_SLR_WP_Security Requirements	192 days	12/13/10	9/13/11			
	100%	ENH_SLR_WT_Draft Security Plan	9 days	12/13/10	12/24/10	11	7,65	Marchant Michael[25%]
	100%	ENH_SLR_WM_SLR Security Plan Complete	0 days	1/10/11	1/10/11	64	66FS+150 days	
	100%	ENH_SLR_WT_Update SLR Security Plan	6 days	8/18/11	8/25/11	65FS+150 c	67	Vailancourt David[6%]
	100%	ENH_SLR_WT_Submit Updated SLR SCP	1 day	8/26/11	8/26/11	66	68	Moylan Paul[13%]
	50%	ENH_SLR_WT_CAMMIS Security Review SCP	11 days	8/29/11	9/13/11	67	275	Moylan Paul[10%]
	100%	ENH_SLR_WP_Data Recovery Requirements	96.63 days	4/4/11	8/18/11			
	100%	ENH_SLR_WT_Draft and Submit Data Recovery Plan to BCDR	5 days	4/4/11	4/8/11	11	8,71FS+81	Moylan Paul[25%]
	100%	ENH_SLR_WT_Update Data Recovery Plan	0.63 days	8/18/11	8/18/11	70FS+81 d	72	Vailancourt David[20%]
	100%	ENH_SLR_WM_SLR Data Recovery Plan Complete	0 days	8/18/11	8/18/11	5,71	93FS+10 days	
	100%	ENH_SLR_WP_Database Requirements	106 days	3/24/11	8/22/11			
	100%	ENH_SLR_WP_Provider Master File (PMF) Requirements	36 days	3/24/11	5/12/11			
	100%	ENH_SLR_WT_Identify Provider Master File Data Source	6 days	3/24/11	3/31/11	41	76	Morton David[26%],Asercion Marvin[22%]
	100%	ENH_SLR_WT_PMF Data Extract Requirements	10 days	4/1/11	4/14/11	75,39	77	Morton David[13%],Asercion Marvin[13%]
	100%	ENH_SLR_WT_PMF File Conversion Requirements	10 days	4/15/11	4/28/11	76	78	Morton David[13%],Asercion Marvin[13%]
	100%	ENH_SLR_WT_PMF File Delivery Requirements	10 days	4/29/11	5/12/11	77	80,97FS+7	Asercion Marvin[25%]

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WP_Provider License File (PLF) Requirements	64 days	5/23/11	8/22/11			
	100%	ENH_SLR_WT_Identify PLF Data Source	5 days	5/23/11	5/27/11	78	81	Morton David[10%],Asercion Marvin[10%]
	100%	ENH_SLR_WT_PLF Data Extract Requirements	4 days	5/30/11	6/3/11	80	82	Morton David[13%],Enos Sheila[13%]
	100%	ENH_SLR_WT_PLF File Delivery Requirements	5 days	6/6/11	6/10/11	81	83	Morton David[2%],Asercion Marvin[2%],Enos Sheila[2%]
	100%	ENH_SLR_WT_Walk Through PLF Requirements with DHCs	1 day	8/22/11	8/22/11	82	101FS+4 d	Enos Sheila
	17%	ENH_SLR_WP_SLR Infrastructure and Data Build	108 days	5/2/11	10/3/11			
	100%	ENH_SLR_WP_Build SLR Environments	10 days	5/2/11	5/16/11			
	100%	ENH_SLR_WT_Acquire SLR Environment Hardware	5 days	5/2/11	5/6/11	11	87	Moylan Paul
	100%	ENH_SLR_WM_SLR Environment Hardware Installed	0 days	5/9/11	5/9/11	86	88	
	100%	ENH_SLR_WM_Dev Environment Activated	0 days	5/9/11	5/9/11	87	89	
	100%	ENH_SLR_WM_Test Environment Activated	0 days	5/9/11	5/9/11	88	90	
	100%	ENH_SLR_WM_UAT Environment Activated	0 days	5/9/11	5/9/11	89	91	
	100%	ENH_SLR_WM_SLR Environment Software Configured	0 days	5/16/11	5/16/11	90	93	
	25%	ENH_SLR_WP_Data Recovery	10 days	9/1/11	9/16/11			
	50%	ENH_SLR_WT_Validate Data Recovery Systems Deployed	5 days	9/1/11	9/9/11	72FS+10 d	94	Vailancourt David[9%]
	0%	ENH_SLR_WT_Conduct Data Recovery Failover Test	5 days	9/9/11	9/16/11	93	275	Vailancourt David[18%]
	0%	ENH_SLR_WP_Database Build	39 days	8/9/11	10/3/11			
	0%	ENH_SLR_WP_Provider Master File	21 days	9/1/11	10/3/11			
	0%	ENH_SLR_WM_DHCS Submit CR to Request PMF File Extract	0 days	9/1/11	9/1/11	78FS+78 d	98FS+15 d	DHCS
	0%	ENH_SLR_WT_Load PMF	1 day	9/26/11	9/26/11	33,97FS+1	99	Asercion Marvin[25%]
	0%	ENH_SLR_WT_Develop PMF Data Transfer Process	5 days	9/27/11	10/3/11	98	414	Asercion Marvin[25%],Grose Sam[25%]
	0%	ENH_SLR_WP_Provider License File	17 days	9/1/11	9/26/11			
	0%	ENH_SLR_WT_Update PLF Requirements	10 days	9/1/11	9/15/11	83FS+4 day	102	Enos Sheila[10%]
	0%	ENH_SLR_WT_PLF Build and Deploy	5 days	9/16/11	9/22/11	101	103	Asercion Marvin[25%]
	0%	ENH_SLR_WT_Test PLF	2 days	9/23/11	9/26/11	102	275	Asercion Marvin[25%]
	0%	ENH_SLR_WP_Pre-Qualified Eligible Providers	25 days	8/9/11	9/13/11			
	100%	ENH_SLR_WM_Pre Qual Requirements Complete	0 days	8/9/11	8/9/11	131	106FS+20 days	

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WM_OHIT Submit Pre Qual List to ACS	0 days	9/6/11	9/6/11	105FS+20 c	107	OHIT
	0%	ENH_SLR_WT_Load Pre Qual List into SLR	5 days	9/7/11	9/13/11	106	480	Asercion Marvin[25%]
	33%	ENH_SLR_WP_SLR Modules Development and Deployment	224 days	5/11/11	3/27/12			
	99%	ENH_SLR_WP_SLR General Requirements	85 days	5/11/11	9/9/11			
	100%	ENH_SLR_WT_SLR General Requirements Review	1 day	5/11/11	5/11/11	41	111,112	Morton David[25%],Enos Sheila,Moylan Paul
	100%	ENH_SLR_WT_Update General Requirements	1 day	6/27/11	6/27/11	130,110	115	Saevang Lai[50%]
	100%	ENH_SLR_WT_My Account Requirements Review	1 day	5/12/11	5/12/11	110	115	Morton David[42%],Enos Sheila[42%],Moylan Paul[42%]
	100%	ENH_SLR_WT_Update My Account Requirements	10 days	7/18/11	7/29/11	130	114	Enos Sheila[50%]
	100%	ENH_SLR_WT_ACS Internal Review of My Account and General Req	1 day	8/1/11	8/1/11	113	115	Enos Sheila,Farina Rebecca,Hickman Gary,Saevang Lai
ACS Milestone	100%	ENH_SLR_WM_Formally Submit General / My Account Requirements	0 days	8/2/11	8/2/11	114,111,111	116FS+9 days	
	100%	ENH_SLR_WM_Receive Conditional Approval from DHCS for Gen Req T0728	0 days	8/11/11	8/11/11	115FS+9 days	117FS+10 days	
	100%	ENH_SLR_WM_Submit Conditional Response to DHCS for Gen Req	0 days	8/25/11	8/25/11	116FS+10 days	118FS+10 days,226	
DHCS or Shared	0%	ENH_SLR_WM_Receive Formal Approval from DHCS for Gen Req	0 days	9/9/11	9/9/11	117FS+10 days	123	
	76%	ENH_SLR_WP_Eligible Hospital (EH)	127 days	5/12/11	11/9/11			
	100%	ENH_SLR_WP_EH Requirements Review	61 days	5/12/11	8/9/11			
	100%	ENH_SLR_WT_EH Homepage Requirements	2 days	5/12/11	5/13/11	11	125,122	Morton David[38%],Enos Sheila[38%],Moylan Paul[38%]
	100%	ENH_SLR_WT_EH About You Requirements	2 days	5/12/11	5/13/11	121	123,125	Morton David[38%],Enos Sheila[38%],Moylan Paul[38%]
	100%	ENH_SLR_WT_EH Eligibility Requirements	0.75 days	5/17/11	5/17/11	122	124,125	Morton David,Enos Sheila,Moylan Paul
	100%	ENH_SLR_WT_EH Attestation Requirements	1 day	5/20/11	5/20/11	123	125,395,5	Morton David[38%],Enos Sheila[38%],Moylan Paul[38%]



## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Apply Changes to EH Requirements	2 days	5/20/11	5/24/11	121,122,12	126	Morton David[31%],Enos Sheila[31%],Farina Rebecca[31%]
	100%	ENH_SLR_WM_Formally submit EH requirements to DHCS	0 days	5/24/11	5/24/11	125	127FS+15 days,136,137	
	100%	ENH_SLR_WM_Receive Cond Approval for EH Requirements	0 days	6/14/11	6/14/11	126FS+15 d	128FS+11 days,140	
	100%	ENH_SLR_WM_Submit EH Conditional Responses to DHCS	0 days	6/29/11	6/29/11	127FS+11 d	129	
	100%	ENH_SLR_WM_Receive Cond Approval from DHCS for EH	0 days	7/21/11	7/21/11	128	130FS+10 days	
	100%	ENH_SLR_WT_Resubmit Conditional Response for EH	1 day	7/25/11	7/25/11	129FS+10 d	131FS+10	Enos Sheila[1%]
DHCS or Shared	100%	ENH_SLR_WM_Receive Formal Approval from DHCS for EH	0 days	8/9/11	8/9/11	130FS+10 d	132,241,243,250,209,105	
	100%	ENH_SLR_WT_Calculate EH Work Estimates LOE	2 days	8/4/11	8/5/11	131	14,133	Vailancourt David[25%],Nash Michael[25%],Jacob Thomas[25%],Reiff Carl[25%]
	100%	ENH_SLR_WT_Update Project Schedule with EH LOE	1 day	8/8/11	8/8/11	132	190	Moylan Paul[31%]
	86%	ENH_SLR_WP_EH Iterative Development/Testing	105 days	6/14/11	11/9/11			
	100%	ENH_SLR_WP_EH Testing Preparation	16 days	6/14/11	7/6/11			
	100%	ENH_SLR_WT_Create EH Test Cases	6 days	6/14/11	6/21/11	126	144,137,1	Nash Michael[42%],Dasari Prasanna[42%],Spann Youa[42%]
	100%	ENH_SLR_WT_Validate EH Test Data	5 days	6/22/11	6/28/11	126,136	144	Nash Michael[8%],Dasari Prasanna[8%],Spann Youa[8%]
	100%	ENH_SLR_WT_Update EH Test Cases with CRs	10 days	6/22/11	7/6/11	136	140	Nash Michael[69%],Dasari Prasanna[69%],Spann Youa[69%]
	100%	ENH_SLR_WP_EH Reg (About You)	22.13 days	6/27/11	7/28/11			
	100%	ENH_SLR_WT_Develop EH Reg Test Release 0	3.33 days	6/27/11	6/30/11	127,138	161,141SS	Jacob Thomas,Reiff Carl[50%]
	100%	ENH_SLR_WT_Submit CCB Request to deploy TR0 to Test environment	1 day	6/29/11	6/29/11	140SS+2 d	142	Farina Rebecca[10%]
	100%	ENH_SLR_WT_Obtain CCB TR0 deployment approval	1 day	6/30/11	6/30/11	141	143	Farina Rebecca[10%]
	100%	ENH_SLR_WT_Deliver Test Release 0 to QA/Test Team	1 day	7/1/11	7/1/11	142	144SS,146	Jacob Thomas

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Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Conduct EH Reg Test Release 0 QA/Testing	4 days	7/5/11	7/8/11	143SS,136,145	145	Nash Michael
	100%	ENH_SLR_WT_Log Defects for EH Reg Testing 0	4 days	7/5/11	7/8/11	143,144	151	Nash Michael
	100%	ENH_SLR_WT_Develop EH Reg Test Release 1	4 days	7/5/11	7/8/11	143	152,161,1	Reiff Carl,Benson Benn[50%]
	100%	ENH_SLR_WT_Submit CCB Request to deploy TR1 to Test environment	1 day	7/7/11	7/7/11	146SS+2 da	148	Farina Rebecca[10%]
	100%	ENH_SLR_WT_Obtain CCB TR1 deployment approval	1 day	7/8/11	7/8/11	147	149	Farina Rebecca[10%]
	100%	ENH_SLR_WT_Deliver EH Reg Test Release 1 to QA/Test team	1 hr	7/11/11	7/11/11	148	150	Reiff Carl
	100%	ENH_SLR_WT_Conduct EH Reg Test Release 1 QA/Testing	4 days	7/11/11	7/15/11	149	151SS	Nash Michael
	100%	ENH_SLR_WT_Log Defects for EH Reg QA Testing 1	4 days	7/11/11	7/15/11	150SS,145	152	Nash Michael
	100%	ENH_SLR_WT_Develop EH Reg Test Release 2	2.5 days	7/11/11	7/13/11	146,151	165,161FS	Benson Benn,Jacob Thomas
	100%	ENH_SLR_WT_Submit CCB Request to deploy TR2 to Test environment	1 day	7/13/11	7/13/11	152SS+2 da	154	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain CCB TR2 deployment approval	1 day	7/14/11	7/14/11	153	155	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Reg Rel 2 to QA/Test team	1 hr	7/18/11	7/18/11	154	156	Benson Benn
	100%	ENH_SLR_WT_Conduct EH Reg Rel 2 QA/Testing	4 days	7/18/11	7/22/11	155	157SS	Spann Youa
	100%	ENH_SLR_WT_Log Defects for QA Testing 2	4 days	7/18/11	7/22/11	156SS	158	Nash Michael
	100%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	4 hrs	7/22/11	7/22/11	157	159SS+2 d	Ponik Suzette
	100%	ENH_SLR_WT_Submit CCB Request to deploy UAT1 to UAT environment	1 day	7/26/11	7/27/11	158SS+2 da	160	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain CCB UAT1 deployment approval	1 day	7/27/11	7/28/11	159	161	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Reg Pkg to UAT	1 hr	7/26/11	7/26/11	140,146,15	162SS	Ponik Suzette
	100%	ENH_SLR_WT_Conduct EH Reg UAT Testing	1 day	7/26/11	7/26/11	161SS	163	Enos Sheila
	100%	ENH_SLR_WT_Submit EH Reg UAT findings to ACS	1 hr	7/27/11	7/27/11	162	175	Nash Michael
	100%	<b>ENH_SLR_WP_EH Eligibility</b>	<b>25 days</b>	<b>7/18/11</b>	<b>8/22/11</b>			
	100%	ENH_SLR_WT_Develop EH Elig Rel 1	2.5 days	7/18/11	7/20/11	152	186,166FS	Jacob Thomas,Asercion Marvin
	100%	ENH_SLR_WT_Submit deploy Rquest EH Elig Rel 1 to Test environment	1 day	7/22/11	7/22/11	165FS-1 da	167	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Elig Rel 1 to Test environment	1 day	7/25/11	7/25/11	166	168	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Elig Rel 1 to QA/Test team	0.13 days	7/22/11	7/22/11	167	169FS-1 d	Jacob Thomas
	100%	ENH_SLR_WT_Conduct EH Elig Rel 1 QA/Testing	5 days	7/25/11	7/29/11	168FS-1 da	170SS,175	Dasari Prasanna

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Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Log Defects for EH Elig Rel 1 Testing	5 days	7/25/11	7/29/11	169SS	183	Nash Michael[13%]
	100%	ENH_SLR_WT_Develop EH Elig Rel 2	5 days	7/25/11	7/29/11	165	186FS+9 d	Reiff Carl
	100%	ENH_SLR_WT_Submit deploy Rquest EH Elig Rel 2 to Test environment	1 day	7/26/11	7/26/11	171SS+1 d	173	Vailancourt David
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Elig Rel 2 to Test environment	1 day	7/27/11	7/27/11	172	174FS-1 d	Vailancourt David
	100%	ENH_SLR_WT_Deliver EH Elig Rel 2 to QA/Test team	0.13 days	7/27/11	7/27/11	173FS-1 d	175	Reiff Carl
	100%	ENH_SLR_WT_Conduct EH Test Release 4 QA/Testing	5 days	8/1/11	8/5/11	169,163,17	187	Spann Youa[33%],Nash Michael[33%],Dasari Prasanna[33%]
	100%	ENH_SLR_WT_Log Defects for EH Elig Rel 2	5 days	8/1/11	8/5/11	169	182	Nash Michael[13%]
	100%	ENH_SLR_WT_Develop EH Elig Rel 3	5 days	8/1/11	8/5/11	171	178FS-2 d	Benson Benn
	100%	ENH_SLR_WT_Submit deploy Rquest EH Elig Rel 3 to Test environment	1 day	8/4/11	8/4/11	177FS-2 d	179	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Elig Rel 3 to Test environment	1 day	8/5/11	8/5/11	178	180FS-1 d	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Elig Rel 3 to QA/Test team	0.13 days	8/5/11	8/5/11	179FS-1 d	181,182	Benson Benn
	100%	ENH_SLR_WT_Conduct EH Test Release 4 QA/Testing	5 days	8/8/11	8/12/11	180	194,195	Nash Michael,Dasari Prasanna,Spann Youa
	100%	ENH_SLR_WT_Log Defects for EH Elig Rel 3	5 days	8/8/11	8/12/11	180,176	195	Nash Michael[13%]
	100%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	2 days	8/8/11	8/9/11	170	184	Ponik Suzette
	100%	ENH_SLR_WT_Submit CCB Request to deploy UAT2 to UAT environment	1 day	8/10/11	8/10/11	183	185	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain CCB Elig UAT deployment approval	1 day	8/11/11	8/11/11	184	186	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Eligibility to UAT	0.13 days	8/12/11	8/12/11	165,171FS-	187FS+1 d	Ponik Suzette
	100%	ENH_SLR_WT_Conduct EH Eligibility UAT	4 days	8/16/11	8/19/11	186FS+1 d	188,263FS	Nash Michael[33%],Spann Youa[33%],Dasari Prasanna[33%]
	100%	ENH_SLR_WM_Submit EH Elig. UAT findings to ACS	0 days	8/22/11	8/22/11	187	273	
	72%	ENH_SLR_WP_EH Attestation	72 days	8/1/11	11/9/11			
	100%	ENH_SLR_WT_Develop EH Elig Rel 4	2.5 days	8/8/11	8/10/11	177,133	191FS-2 d	Jacob Thomas
	100%	ENH_SLR_WT_Submit deploy Rquest EH Elig Rel 4 to Test environment	1 day	8/11/11	8/11/11	190FS-2 d	192	Vailancourt David[13%]

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Elig Rel 4 to Test environment	1 day	8/12/11	8/12/11	191	193FS-1 da	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Elig Rel 4 to QA/Test team	0.13 days	8/12/11	8/12/11	192FS-1 da	194,195	Jacob Thomas
	100%	ENH_SLR_WT_Conduct EH Test Release 4 QA/Testing	5 days	8/15/11	8/19/11	193,181	224	Nash Michael, Dasari Prasanna, Elsemore Robert
	100%	ENH_SLR_WT_Log Defects for EH Elig Rel 4	5 days	8/15/11	8/19/11	193,181,18	224	Nash Michael[13%]
	100%	ENH_SLR_WT_Develop EH Attest Rel 1	2.5 days	8/15/11	8/17/11	190	197FS-2 da	Jacob Thomas
	100%	ENH_SLR_WT_Submit deploy Rqst EH Attest Rel 1 to Test environment	1 day	8/18/11	8/18/11	196FS-2 da	198	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Attest Rel 1 to Test environment	1 day	8/19/11	8/19/11	197	199FS-1 da	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Attest Rel 1 to QA/Test team	0.13 days	8/19/11	8/19/11	198FS-1 da	200,201	Jacob Thomas
	100%	ENH_SLR_WT_Conduct EH Attest Release 1 QA/Testing	5 days	8/22/11	8/26/11	199	206	Nash Michael[25%], Spann Youa, Dasari Prasanna[40%], Elsemore Robert[40%]
	100%	ENH_SLR_WT_Log Defects for EH Attest Rel 1	5 days	8/22/11	8/26/11	199	207	Nash Michael[5%]
	100%	ENH_SLR_WT_Develop EH Attest Rel 2	5 days	8/22/11	8/26/11	196	203	Asercion Marvin, Jacob Thomas, Benson Benn
	100%	ENH_SLR_WT_Submit deploy Rqst EH Attest Rel 2 to Test environment	1 day	8/29/11	8/29/11	202	204	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain deploy Apprvl EH Attest Rel 2 to Test environment	1 day	8/30/11	8/30/11	203	205FS-3 da	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Attest Rel 2 to QA/Test team	1 day	8/26/11	8/26/11	204FS-3 da	206,207	Jacob Thomas[6%]
	100%	ENH_SLR_WT_Conduct EH Attest Release 2 QA/Testing	5 days	8/29/11	9/2/11	205,200		Elsemore Robert[31%], Dasari Prasanna[31%], Spann Youa[44%], Nash Michael[44%]
	100%	ENH_SLR_WT_Log Defects for EH Attest Rel 2	5 days	8/29/11	9/2/11	205,201	216FS-3 da	Nash Michael[13%]
	<b>94%</b>	<b>ENH_SLR_WP_EH Change Processing</b>	<b>26.5 days</b>	<b>8/1/11</b>	<b>9/7/11</b>			
	100%	ENH_SLR_WT_Review Open CRs with OHIT	1 day	8/8/11	8/8/11	131	210,212,2	Enos Sheila[25%]
	100%	ENH_SLR_WT_ACS Dev and Test team review CRs	3 days	8/9/11	8/11/11	209	211	Enos Sheila[25%]
	100%	ENH_SLR_WT_ACS EH LOEs Updated from CRs	3 days	8/12/11	8/16/11	210	212	Vailancourt David

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Major Milesto	% Complet	Task Name	Duration	Start	Finish	Pred	Successor	Resource
DHCS or Shared	0%	<a href="#">ENH_SLR_WM_OHIT Formal Submission of EH CRs</a>	0 days	8/16/11	8/16/11	209,211	213	
	100%	ENH_SLR_WT_Update EH Requirements	4 days	8/8/11	8/11/11	209FS-1 da	215	Enos Sheila
	100%	ENH_SLR_WT_Create EH Test Cases for CRs	3.75 days	8/15/11	8/18/11	209FS-1 day		Nash Michael
	90%	ENH_SLR_WT_Develop EH Elig Changes	26.5 days	8/1/11	9/7/11	209FS-1 day,213		Reiff Carl[10%],Benson Benn[30%]
	100%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	1 day	8/31/11	8/31/11	207FS-3 da	217FS-1 da	Nash Michael[13%]
	100%	ENH_SLR_WT_Submit CCB Request to deploy UAT3 to UAT environment	1 day	8/31/11	8/31/11	216FS-1 da	218	Vailancourt David[13%]
	100%	ENH_SLR_WT_Obtain CCB UAT3 deployment approval	1 day	9/1/11	9/1/11	217	219	Vailancourt David[13%]
	100%	ENH_SLR_WT_Deliver EH Attest Pkg to UAT	1 day	9/2/11	9/2/11	218	220	Ponik Suzette[6%],Vailancourt David[6%]
ACS Milestone	0%	ENH_SLR_WT_Conduct EH Pkg 3 UAT Testing	4 days	9/6/11	9/9/11	219	221	Nash Michael[50%],Dasari Prasanna[50%]
	0%	<a href="#">ENH_SLR_WM_Submit ALL UAT findings to ACS</a>	0 days	9/9/11	9/9/11	220	222FS-2 days,223	
	0%	ENH_SLR_WT_Complete EH Bug Fixes	4 days	9/8/11	9/13/11	221FS-2 da	224FS-1 da	Jacob Thomas[16%],Reiff Carl[16%]
	0%	ENH_SLR_WT_Complete EH Bug Fixes internal testing	5 days	9/12/11	9/16/11	221	224FS-1 da	Nash Michael[25%],Dasari Prasanna[25%]
	0%	ENH_SLR_WT_Deliver EH Bug Fixes (all packages) to UAT	1 day	9/16/11	9/16/11	223FS-1 da	273FS-1 da	Jacob Thomas[13%]
	17%	<b>ENH_SLR_WP_Manual Provider Payment Process</b>	<b>53 days</b>	<b>8/26/11</b>	<b>11/9/11</b>			
	50%	ENH_SLR_WT_Draft Manual Payment Process	8 days	8/26/11	9/7/11	117	227FS+1 d	Hickman Gary[13%],Moylan Paul[13%]
	0%	ENH_SLR_WT_Send Draft Process to DHCS	1 day	9/9/11	9/9/11	226FS+1 da	228FS-1 da	Hickman Gary
	0%	ENH_SLR_WT_Review Payment Process with Dev Team	2 days	9/9/11	9/12/11	227FS-1 da	229	Hickman Gary[2%],Farina Rebecca[14%],Moylan Paul[14%]
	0%	ENH_SLR_WT_Review Payment Process with DHCS	1 day	9/19/11	9/19/11	227FS+5 da	230FS+2 d	Hickman Gary[20%],Enos Sheila[20%]
	0%	ENH_SLR_WT_Submit Payment Requirements to DHCS	1 day	9/22/11	9/22/11	229FS+2 da	231FS+5 d	Hickman Gary
	0%	<a href="#">ENH_SLR_WM_DHCS Informal Approval</a>	0 days	9/29/11	9/29/11	230FS+5 da	233FS+10 days,232	

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Finalize Manual Payment Process Requirements	3 days	9/30/11	10/4/11	231		Hickman Gary
	0%	ENH_SLR_WT_Develop Payment Report/Extract	5 days	10/14/11	10/20/11	231FS+10 c	234,235	Farina Rebecca[50%],Reiff Carl[50%]
	0%	ENH_SLR_WT_Review Process with Cash Control	1 day	10/21/11	10/21/11	233		Hickman Gary[13%]
	0%	ENH_SLR_WT_Test Payment Report/Extract	1 day	10/21/11	10/21/11	233	236FS+2 d	Dasari Prasanna[13%]
	0%	ENH_SLR_WT_User Test Payment Report/Extract	1 day	10/26/11	10/26/11	235FS+2 d	237	Enos Sheila[50%]
	0%	ENH_SLR_WM_Submit Payment Go Live Request to DHCS	0 days	10/26/11	10/26/11	236	238FS+10 days	
	0%	ENH_SLR_WM_DHCS Approve Payment Go Live	0 days	11/9/11	11/9/11	237FS+10 c	239	
	0%	ENH_SLR_WM_Manual Provider Payment Process Implemented	0 days	11/9/11	11/9/11	238	392	
	68%	ENH_SLR_WP_EH Documentation and Training	42.5 days	8/1/11	9/29/11			
	100%	ENH_SLR_WT_Develop EH User Guide Draft	10 days	8/1/11	8/12/11	131	242FS+3 d	Hickman Gary[50%]
	100%	ENH_SLR_WT_Develop EH User Guide	7.5 days	8/18/11	8/29/11	241FS+3 d	243	Hickman Gary[50%]
	25%	ENH_SLR_WT_Update EH User Guide with Formal Changes	10 days	8/29/11	9/13/11	131,242	244	Hickman Gary[6%]
	0%	ENH_SLR_WT_Walk Through EH User Guide with OHIT	1 day	9/13/11	9/14/11	243	245FS-1 d	Hickman Gary[13%]
	0%	ENH_SLR_WM_Formal Submission of EH User Guide	0 days	9/13/11	9/13/11	244FS-1 d	246FS+11 days,647FS+5 days	
	0%	ENH_SLR_WM_OHIT Approval of EH User Guide	0 days	9/28/11	9/28/11	245FS+11 c	247	
	0%	ENH_SLR_WT_Deploy EH User Guide	1 day	9/28/11	9/29/11	246	276	Hickman Gary[50%]
	10%	ENH_SLR_WP_EH Implementation	44 days	8/2/11	10/3/11			
	19%	ENH_SLR_WP_Help Desk Support Implementation	33 days	8/2/11	9/16/11			
	100%	ENH_SLR_WT_Review HD Process with Atlanta HD Staff	2 days	8/2/11	8/3/11	131	251FS+12	Ponik Suzette
	100%	ENH_SLR_WT_Webex Training	1 day	8/22/11	8/22/11	250FS+12 c	252FS+5 d	Hickman Gary[13%]
	0%	ENH_SLR_WT_Review HD Process with OHIT and Atlanta HD	1 day	8/30/11	8/30/11	251FS+5 d	253	Hickman Gary[13%]
	0%	ENH_SLR_WT_Provide HD UAT Access for PW Reset	2 days	8/31/11	9/1/11	252	254	Hickman Gary[25%]
	0%	ENH_SLR_WT_Update EH User Guide with HD information	5 days	9/2/11	9/9/11	253	255	Hickman Gary[25%]
	0%	ENH_SLR_WT_Test Help Desk Processes	5 days	9/12/11	9/16/11	254	256FS-1 d	Hickman Gary[5%]
	0%	ENH_SLR_WM_OHIT Approval of Help Desk Process and Readiness	0 days	9/16/11	9/16/11	255FS-1 d	273	
	0%	ENH_SLR_WP_CMS Interface Implementation	15 days	9/12/11	10/3/11			
DHCS or Shared	0%	ENH_SLR_WM_OHIT Submit Request to CMS to Activate Interfaces	0 days	9/12/11	9/12/11	187FS+15 c	259FS+10 days,260	
	0%	ENH_SLR_WM_Receive Approval from CMS for Interface Activation	0 days	9/26/11	9/26/11	258FS+10 days		
	0%	ENH_SLR_WT_Meet with Richmond to Plan CMS Interface Activation	1 day	9/13/11	9/13/11	258	261FS+13	Vailancourt David[25%]
	0%	ENH_SLR_WT_Activate CMS Interfaces in Production	1 day	10/3/11	10/3/11	260FS+13 c	276	Asercion Marvin[13%]
	5%	ENH_SLR_WP_Production Environment Deployment	24 days	8/22/11	9/23/11			



## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Create Deployment Instructions	1 day	9/5/11	9/6/11	187FS+10 c	264FS+5 d	Farina Rebecca[6%],Vailancourt David[6%]
	0%	ENH_SLR_WT_Review Deployment with CCB	1 day	9/14/11	9/14/11	263FS+5 d	265FS-1 d	Williams Kevin[6%]
	0%	<a href="#">ENH_SLR_WM_CCB Approval of Prod Deployment</a>	0 days	9/14/11	9/14/11	264FS-1 d	266FS-1 day	
	0%	ENH_SLR_WT_Submit Deployment Details to Service Center	1 day	9/13/11	9/13/11	265FS-1 d	267FS+1 d	Williams Kevin[13%]
	0%	<a href="#">ENH_SLR_WM_ECCB Approval of Service Center Ticket</a>	0 days	9/14/11	9/14/11	266FS+1 d	269	
	0%	ENH_SLR_WT_Resolve Network/Firewall Issues	10 days	8/22/11	9/2/11	187	269FS+1 d	Vailancourt David[5%]
	0%	ENH_SLR_WT_Production Deployment	1 day	9/15/11	9/15/11	268FS+1 d	271FS+6 d	Vailancourt David[13%]
	0%	ENH_SLR_WT_Production Testing	5 days	9/16/11	9/22/11	269	271	Vailancourt David[3%],Nash Michael[22%]
	0%	<a href="#">ENH_SLR_WM_Production Environment Ready for SLR Go Live</a>	0 days	9/23/11	9/23/11	269FS+6 d	276	
	0%	<b>ENH_SLR_WP_Go Live Approval</b>	12 days	9/16/11	10/3/11			
	0%	ENH_SLR_WT_Walk Through EH Go Live Readiness with DHCS	1 day	9/16/11	9/16/11	223FS-1 d	274	Ponik Suzette[13%]
ACS Milestone	0%	ENH_SLR_WT_ACS Submit Formal Request to Go Live with SLR	1 day	9/19/11	9/19/11	273	275FS+10	Ponik Suzette[13%]
DHCS or Shared	0%	<a href="#">ENH_SLR_WM_Receive Formal Go Live Approval from DHCS</a>	0 days	10/3/11	10/3/11	274FS+10 c	276	
DHCS or Shared	0%	<a href="#">ENH_SLR_WM_SLR Live In Production with EH</a>	0 days	10/3/11	10/3/11	275,271,26	392	
	24%	<b>ENH_SLR_WP_Group</b>	124 days	5/23/11	11/15/11			
	100%	<b>ENH_SLR_WP_Group Functional Requirements</b>	64 days	5/23/11	8/22/11			
	100%	ENH_SLR_WT_Update Group Homepage Requirements	6 days	5/23/11	5/31/11	41	290,283	Morton David[29%],Enos Sheila[29%]
	100%	ENH_SLR_WT_Update Group About You Requirements	1.6 days	5/23/11	5/24/11	41	281	Morton David,Enos Sheila
	100%	ENH_SLR_WT_Update Group Eligibility Requirements	7 days	5/30/11	6/8/11	280	282	Morton David[200%]
	100%	ENH_SLR_WT_Update Group Attestation Requirements	1 day	6/11/11	6/13/11	281	283	Morton David
	100%	ENH_SLR_WT_Update Group Manage Providers Requirements	2.19 days	5/23/11	5/25/11	279,282	284	Morton David[38%],Enos Sheila[38%],Moylan Paul[38%]
	100%	ENH_SLR_WT_Update Group Statement Requirements	2 days	6/1/11	6/2/11	283	285	Morton David[125%]
	100%	<a href="#">ENH_SLR_WM_Submit Group Requirements for DHCS Review</a>	0 days	5/31/11	5/31/11	284	286	

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_DHCS Group Requirements Review Meeting 1	0.4 days	6/10/11	6/10/11	285	287FS+5 d	Enos Sheila[10%]
	100%	ENH_SLR_WT_Update Req with Additional Eligibility Changes	2.56 days	6/17/11	6/21/11	286FS+5 d	288	Enos Sheila[80%],Morton David[80%]
	100%	ENH_SLR_WT_DHCS Group Requirements Review Meeting 2	0.25 days	6/22/11	6/22/11	287	289	Enos Sheila
	100%	<a href="#">ENH_SLR_WM_DHCS Submit Group Feedback Form to ACS</a>	0 days	6/22/11	6/22/11	288	290	
	100%	ENH_SLR_WT_Apply Review Changes to Group Requirements	0.89 days	6/22/11	6/23/11	279,289	291	Morton David[67%],Moylan Paul[67%],Farina Rebecca[67%],Saevang Lai[80%]
	100%	ENH_SLR_WT_Formally submit Group Requirements to DHCS	0.67 days	6/27/11	6/28/11	290	292FS+10	Morton David[31%],Enos Sheila[31%],Farina Rebecca[31%]
X	100%	<a href="#">ENH_SLR_WM_Receive DHCS Condition approval on Grp Req</a>	0 days	7/21/11	7/21/11	291FS+10 c	293FS+11 days,298FS+7 days	
	100%	<a href="#">ENH_SLR_WM_Submit Grp Conditional responses to DHCS</a>	0 days	8/4/11	8/4/11	292FS+11 c	294FS+10 days	
DHCS or Shared	100%	<a href="#">ENH_SLR_WM_Receive Formal Approval from DHCS for Group</a>	0 days	8/18/11	8/18/11	293FS+10 c	295,384,385,301,364FS+20 days,304FS+	
	100%	ENH_SLR_WT_Calculate Group Work Estimates LOE	2 days	8/19/11	8/22/11	294	296FS-1 d	Vailancourt David[25%],Nash Michael[25%]
	100%	ENH_SLR_WT_Update Project Schedule with Group LOE	1 day	8/22/11	8/22/11	295FS-1 d	307	Moylan Paul[31%]
	100%	<b>ENH_SLR_WP_Group Development Prep</b>	<b>20 days</b>	<b>8/1/11</b>	<b>8/26/11</b>			
	100%	ENH_SLR_WT_Plan Group Development	5 days	8/1/11	8/5/11	292FS+7 d	299	Vailancourt David
	100%	ENH_SLR_WT_Develop Group Tech Specs	10 days	8/8/11	8/19/11	298	300,411	Farina Rebecca[25%]
	100%	ENH_SLR_WT_Review Group Tech Specs with Dev	5 days	8/22/11	8/26/11	299	301,307,4	Farina Rebecca[13%],Oliver Nathan[13%]
	100%	<a href="#">ENH_SLR_WM_Group Requirements Complete</a>	0 days	8/19/11	8/19/11	300,294	307FS+5 days	
	8%	<b>ENH_SLR_WP_Group Iterative Development/Testing</b>	<b>57 days</b>	<b>8/24/11</b>	<b>11/11/11</b>			
	100%	<b>ENH_SLR_WP_Group Testing Preparation</b>	<b>5 days</b>	<b>8/24/11</b>	<b>8/30/11</b>			
	100%	ENH_SLR_WT_Create Group Test Cases	5 days	8/24/11	8/30/11	294FS+3 d	311,305FS	Nash Michael[38%],Dasari Prasanna[38%]
	100%	ENH_SLR_WT_Validate Group Test Data	1 day	8/30/11	8/30/11	304FS-1 d	311	Nash Michael[13%],Dasari Prasanna[13%]
	18%	<b>ENH_SLR_WP_Group Pkg 1(TR 1-2)</b>	<b>19 days</b>	<b>8/29/11</b>	<b>9/23/11</b>			
	100%	ENH_SLR_WT_Develop Group Test Release 1	5 days	8/29/11	9/2/11	301FS+5 d	313,308FS	Jacob Thomas[25%],Reiff Carl[25%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Submit CCB Request to deploy TR1 to Test environment	1 day	9/1/11	9/1/11	307FS-2 da	309	Farina Rebecca[13%]
	100%	ENH_SLR_WT_Obtain CCB TR1 deployment approval	1 day	9/2/11	9/2/11	308	310FS-1 da	Farina Rebecca[13%]
	100%	ENH_SLR_WT_Deliver Test Release 1 to QA/Test Team	1 day	9/2/11	9/2/11	309FS-1 da	312,311	Jacob Thomas[13%]
	0%	ENH_SLR_WT_Conduct Group Test Release 1 QA/Testing	4 days	9/6/11	9/9/11	310,304,30	317	Elsemore Robert[70%],Dasari Prasanna[31%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 1	4 days	9/6/11	9/9/11	310	318	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop Group Test Release 2	4 days	9/6/11	9/9/11	307	314FS-2 da	Jacob Thomas[70%],Reiff Carl[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR2 to Test environment	1 day	9/8/11	9/8/11	313FS-2 da	315	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR2 deployment approval	1 day	9/9/11	9/9/11	314	316FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Group Test Release 2 to QA/Test team	1 day	9/9/11	9/9/11	315FS-1 da	318,317	Benson Benn[13%]
	0%	ENH_SLR_WT_Conduct Group Test Release 2 QA/Testing	5 days	9/12/11	9/16/11	316,311	330	Elsemore Robert[70%],Dasari Prasanna[25%]
	0%	ENH_SLR_WT_Log Defects for Group QA Testing 2	5 days	9/12/11	9/16/11	316,312	330	Nash Michael[6%],Dasari Prasanna[6%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	5 days	9/12/11	9/16/11	313	320FS-2 da	Nash Michael[5%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT1 to UAT environment	1 day	9/15/11	9/15/11	319FS-2 da	321FS+1 d	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT1 deployment approval	0 days	9/16/11	9/16/11	320FS+1 da	322FS-1 da	Farina Rebecca
	0%	ENH_SLR_WT_Deliver Group Pkg 1 (TR 1 - 2) to UAT	1 day	9/16/11	9/16/11	321FS-1 da	323FS+2 d	Jacob Thomas[6%],Reiff Carl[6%]
ACS Milestone	0%	ENH_SLR_WT_Conduct Group Pkg 1 UAT Testing	3 days	9/21/11	9/23/11	322FS+2 da	324FS-1 da	Nash Michael[8%],Dasari Prasanna[42%]
	0%	ENH_SLR_WT_Submit Group Pkg 1 UAT findings to ACS	1 day	9/23/11	9/23/11	323FS-1 da	344	Nash Michael[13%]
	0%	ENH_SLR_WP_Group Pkg 2 (TR 3-5 )	24 days	9/12/11	10/13/11			
	0%	ENH_SLR_WT_Develop Group Test Release 3	5 days	9/12/11	9/16/11	313	327FS-2 da	Jacob Thomas[20%],Reiff Carl[38%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR3 to Test environment	1 day	9/15/11	9/15/11	326FS-2 da	328	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR3 deployment approval	1 day	9/16/11	9/16/11	327	329FS-1 da	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Test Release 3 to QA/Test team	1 hr	9/16/11	9/16/11	328FS-1 da	330,331	Jacob Thomas[50%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Conduct Group Test Release 3 QA/Testing	5 days	9/19/11	9/23/11	329,317,31	336	Elsemore Robert[70%],Dasari Prasanna[25%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 3	5 days	9/16/11	9/23/11	329	337	Nash Michael[6%],Dasari Prasanna[6%]
	0%	ENH_SLR_WT_Develop Group Test Release 4	5 days	9/19/11	9/23/11	326	333FS-2 d	Jacob Thomas[70%],Reiff Carl[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR4 to Test environment	1 day	9/22/11	9/22/11	332FS-2 da	334FS+1 day	
	0%	ENH_SLR_WT_Obtain CCB TR4 deployment approval	0 days	9/23/11	9/23/11	333FS+1 da	335	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Test Release 4 to QA/Test team	1 day	9/26/11	9/26/11	334	336FS-1 d	Reiff Carl[13%]
	0%	ENH_SLR_WT_Conduct Group Test Release 4 QA/Testing	5 days	9/26/11	9/30/11	330,335FS-	342FS-1 d	Elsemore Robert[70%],Dasari Prasanna[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 4	5 days	9/23/11	9/30/11	331	343	Nash Michael[6%],Dasari Prasanna[6%]
	0%	ENH_SLR_WT_Develop Group Test Release 5	5 days	9/26/11	9/30/11	332	339FS-2 d	Jacob Thomas[70%],Reiff Carl[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR5 to Test environment	1 day	9/29/11	9/29/11	338FS-2 da	340	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR5 deployment approval	1 day	9/30/11	9/30/11	339	341FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Test Release 5 to QA/Test team	1 day	9/30/11	9/30/11	340FS-1 da	343,342	Jacob Thomas[6%],Reiff Carl[6%]
	0%	ENH_SLR_WT_Conduct Group Test Release 5 QA/Testing	5 days	10/3/11	10/7/11	341,336FS-	348	Elsemore Robert[70%],Dasari Prasanna[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 5	5 days	10/3/11	10/7/11	341,337	344FS-2 d	Nash Michael[6%],Dasari Prasanna[6%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	1 day	10/6/11	10/6/11	343FS-2 da	345FS-2 d	Nash Michael[25%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT2 to UAT environment	1 day	10/5/11	10/5/11	344FS-2 da	346	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT2 deployment approval	1 day	10/6/11	10/6/11	345	347FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Pkg 2 (TR 3 - 5 ) to UAT	1 day	10/6/11	10/6/11	346FS-1 da	348FS+2 d	Reiff Carl[13%]
ACS Milestone	0%	ENH_SLR_WT_Conduct Group Pkg 2 UAT Testing	3 days	10/11/11	10/13/11	347FS+2 da	349FS-1 d	Elsemore Robert[33%],Dasari Prasanna[50%]
	0%	ENH_SLR_WT_Submit Group Pkg 2 UAT findings to ACS	1 day	10/13/11	10/13/11	348FS-1 da	374	Nash Michael[13%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	<b>ENH_SLR_WP_Group Pkg 3 (TR 7-8)</b>	<b>31 days</b>	<b>9/19/11</b>	<b>10/31/11</b>			
	0%	ENH_SLR_WT_Develop Group Test Release 6	5 days	10/3/11	10/7/11	338	352FS-2 d	Jacob Thomas[38%],Reiff Carl[38%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR6 to Test environment	1 day	10/6/11	10/6/11	351FS-2 da	353	Vailancourt David[13%]
	0%	ENH_SLR_WT_Obtain CCB TR6 deployment approval	1 day	10/7/11	10/7/11	352	354FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Test Release 6 to QA/Test team	1 day	10/7/11	10/7/11	353FS-1 da	355,356	Vailancourt David[13%]
	0%	ENH_SLR_WT_Conduct Group Test Release 6 QA/Testing	4 days	10/10/11	10/13/11	354	361	Elsemore Robert[16%],Dasari Prasanna[31%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 6	4 days	10/10/11	10/13/11	354	361	Nash Michael[6%]
	0%	ENH_SLR_WT_Develop Group Test Release 7	5 days	10/10/11	10/14/11	351	358FS-2 d	Jacob Thomas[38%],Reiff Carl[38%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR7 to Test environment	1 day	10/13/11	10/13/11	357FS-2 da	359	Reiff Carl[13%]
	0%	ENH_SLR_WT_Obtain CCB TR7 deployment approval	1 day	10/14/11	10/14/11	358	360FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Test Release 7 to QA/Test team	1 day	10/14/11	10/14/11	359FS-1 da	361,362	Reiff Carl[13%]
	0%	ENH_SLR_WT_Conduct Group Test Release 7 QA/Testing	5 days	10/17/11	10/21/11	360,355,35	378	Elsemore Robert[25%],Dasari Prasanna[25%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 7	5 days	10/17/11	10/21/11	360	374FS-5 d	Nash Michael[13%]
	0%	<b>ENH_SLR_WP_Group Change Processing</b>	<b>12 days</b>	<b>9/19/11</b>	<b>10/4/11</b>			
	0%	ENH_SLR_WT_Review Open Group CRs with OHIT	1 day	9/19/11	9/19/11	294FS+20 c	365FS-1 d	Enos Sheila[50%],Ponik Suzette[50%]
	0%	ENH_SLR_WT_Update Group CRs with Detail and Priority	1 day	9/19/11	9/19/11	364FS-1 da	366,368	Enos Sheila[13%]
	0%	ENH_SLR_WT_ACS Dev and Test team review CRs	2 days	9/20/11	9/21/11	365	367	Enos Sheila[13%],Farina Rebecca[6%]
	0%	ENH_SLR_WT_ACS Group LOEs Updated from CRs	3 days	9/22/11	9/26/11	366	373,372	Vailancourt David[21%],Nash Michael[21%]
	0%	<i>ENH_SLR_WM_OHIT Formal Submission of CRs</i>	<i>0 days</i>	<i>9/19/11</i>	<i>9/19/11</i>	<i>365</i>	<i>369FS+5 days</i>	
	0%	<i>ENH_SLR_WM_ACS Formal Receipt of Group CRs</i>	<i>0 days</i>	<i>9/26/11</i>	<i>9/26/11</i>	<i>368FS+5 da</i>	<i>370</i>	
	0%	ENH_SLR_WT_Update Group Requirements	2 days	9/27/11	9/28/11	369	371	Enos Sheila
	0%	ENH_SLR_WT_Create Group Test Cases for CRs	3 days	9/29/11	10/3/11	370	374	Nash Michael[50%],Dasari Prasanna[13%]
	0%	ENH_SLR_WT_Develop Code for CRs	5 days	9/27/11	10/3/11	367	373	Jacob Thomas[13%],Reiff Carl[38%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Update Pkg 3 with Group CR Updates	1 day	10/4/11	10/4/11	372,367	377,384	Jacob Thomas[13%],Reiff Carl[13%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	5 days	10/17/11	10/21/11	362FS-5 da	375FS-2 da	Nash Michael[3%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT3 to UAT environment	1 day	10/20/11	10/20/11	374FS-2 da	376	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT3 deployment approval	1 day	10/21/11	10/21/11	375	377FS-1 da	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Group Pkg 3 (TR 6 - 7 ) to UAT	1 day	10/21/11	10/21/11	376FS-1 da	380,378FS	Reiff Carl[13%]
ACS Milestone	0%	ENH_SLR_WT_Conduct Group Pkg 3 UAT Testing	3 days	10/26/11	10/28/11	377FS+2 da	379FS+1 da	Elsemore Robert[50%],Dasari Prasanna[50%]
	0%	<a href="#">ENH_SLR_WM_DHCS to submit ALL UAT findings to ACS</a>	0 days	<a href="#">10/31/11</a>	<a href="#">10/31/11</a>	<a href="#">378FS+1 da</a>	<a href="#">389FS-1 day</a>	
	0%	ENH_SLR_WT_Complete Group Bug Fixes development	5 days	10/31/11	11/4/11	377,378	381	Jacob Thomas[38%],Reiff Carl[38%]
	0%	ENH_SLR_WT_Complete Group Bug Fixes internal testing	5 days	11/7/11	11/11/11	380	382FS-1 da	Nash Michael[31%],Dasari Prasanna[50%]
	0%	ENH_SLR_WT_Deliver Group Bug Fixes (all packages) to UAT	1 day	11/11/11	11/11/11	381FS-1 da	392	Reiff Carl[13%]
	0%	<b>ENH_SLR_WP_Group Documentation and Training</b>	<b>21 days</b>	<b>10/5/11</b>	<b>11/2/11</b>			
	0%	ENH_SLR_WT_Develop Group User Guide	10 days	10/5/11	10/18/11	294,373	385	Hickman Gary[25%]
	0%	ENH_SLR_WT_Update Group User Guide with Formal Changes	5 days	10/19/11	10/25/11	384,294	386	Hickman Gary[25%]
	0%	ENH_SLR_WT_Walk Through Group User Guide	1 day	10/26/11	10/26/11	385	387	Hickman Gary[13%]
	0%	ENH_SLR_WT_Deploy Group User Guide	5 days	10/27/11	11/2/11	386	392	Hickman Gary[50%]
	0%	<b>ENH_SLR_WP_Group Implementation</b>	<b>12 days</b>	<b>10/31/11</b>	<b>11/15/11</b>			
	0%	ENH_SLR_WT_Walk Through Group Go Live Readiness	1 day	10/31/11	10/31/11	378,379FS	390	Ponik Suzette
ACS Milestone	0%	ENH_SLR_WT_ACS Submit Group Go Live Approval Request	1 day	11/1/11	11/1/11	389	391FS+9 da	Ponik Suzette
DHCS or Shared	0%	<a href="#">ENH_SLR_WM_DHCS Approval Received for Group Go Live</a>	0 days	<a href="#">11/14/11</a>	<a href="#">11/14/11</a>	<a href="#">390FS+9 da</a>	<a href="#">392FS+1 day</a>	
DHCS or Shared	0%	<a href="#">ENH_SLR_WM_Official Group Go Live</a>	0 days	<a href="#">11/15/11</a>	<a href="#">11/15/11</a>	<a href="#">391FS+1 da</a>	<a href="#">645,549,557</a>	
	20%	<b>ENH_SLR_WP_Eligible Professional (EP) and Proxy</b>	<b>145 days</b>	<b>5/23/11</b>	<b>12/15/11</b>			
	83%	<b>ENH_SLR_WP_EP Requirements Review</b>	<b>87 days</b>	<b>5/23/11</b>	<b>9/23/11</b>			
	100%	ENH_SLR_WT_Update EP Homepage Requirements	6 days	5/23/11	5/31/11	124	396FS+1 da	Morton David[44%],Enos Sheila[44%],Moylan Paul[38%]
	100%	ENH_SLR_WT_Update EP About You Requirements	9 days	6/20/11	6/30/11	395FS+1 da	404	Enos Sheila[10%]
	100%	ENH_SLR_WT_Update EP Eligibility Requirements	9 days	6/20/11	6/30/11	395FS+1 da	404	Morton David



## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	100%	ENH_SLR_WT_Update EP Attestation Requirements	7 days	6/20/11	6/28/11	395FS+1 d	404	Enos Sheila[10%]
	100%	ENH_SLR_WT_Update Proxy Requirements	7 days	6/20/11	6/28/11	395FS+1 d	404	Enos Sheila[10%]
	100%	ENH_SLR_WT_DHCS EP Requirements Review Meetings	10 days	6/20/11	7/1/11	395	401	Enos Sheila
	100%	<i>ENH_SLR_WM_DHCS Submit EP Feedback Form to ACS</i>	<i>0 days</i>	<i>6/24/11</i>	<i>6/24/11</i>	<i>400</i>	<i>402</i>	
	100%	ENH_SLR_WT_Apply Review Changes to EP Requirements	4 days	6/27/11	6/30/11	401	403FS+1 d	Morton David[31%],Enos Sheila[31%],Farina Rebecca[31%]
	100%	ENH_SLR_WT_Formally submit EP Requirements to DHCS	6 days	6/27/11	7/6/11	402FS+1 d	404SF+1 d	Morton David[47%],Enos Sheila[47%],Farina Rebecca[31%]
	100%	<i>ENH_SLR_WM_Receive DHCS conditional approval for EP Requirements</i>	<i>0 days</i>	<i>7/21/11</i>	<i>7/21/11</i>	<i>403SF+1 d</i>	<i>405FS+11 days</i>	
	100%	<i>ENH_SLR_WM_Submit EP Conditional Responses to DHCS</i>	<i>0 days</i>	<i>8/4/11</i>	<i>8/4/11</i>	<i>404FS+11 d</i>	<i>406FS+10 days</i>	
DHCS or Shared	100%	<i>ENH_SLR_WM_Receive Formal Approval from DHCS for EP</i>	<i>0 days</i>	<i>8/18/11</i>	<i>8/18/11</i>	<i>405FS+10 d</i>	<i>407,515,516,426FS+20 days,427FS+20 d</i>	
	100%	ENH_SLR_WT_Calculate EP Work Estimates LOE	2 days	8/19/11	8/22/11	406	408	Vailancourt David[13%],Nash Michael[63%]
	100%	ENH_SLR_WT_Update Project Schedule with EP LOE	2.2 days	8/19/11	8/23/11	407	429	Moylan Paul[31%]
	26%	<b>ENH_SLR_WP_EP Development Prep</b>	<b>19 days</b>	<b>8/29/11</b>	<b>9/23/11</b>			
	100%	ENH_SLR_WT_Plan EP Development	5 days	8/29/11	9/2/11	300	411	Vailancourt David[50%]
	0%	ENH_SLR_WT_Develop Draft EP Tech Specs	9 days	9/5/11	9/16/11	299,410	412	Farina Rebecca[25%]
	0%	ENH_SLR_WT_Review Spec with Dev and Update	5 days	9/19/11	9/23/11	411	429	Farina Rebecca[13%],Oliver Nathan[13%]
	3%	<b>ENH_SLR_WP_Provider Enrollment PMF Update</b>	<b>47 days</b>	<b>8/19/11</b>	<b>10/25/11</b>			
	100%	ENH_SLR_WT_Review PMF Process with DHCS	1 day	8/19/11	8/19/11	99	415FS+10	Moylan Paul[13%]
	0%	ENH_SLR_WT_Review PMF Process with Dev Team	6 days	9/6/11	9/13/11	414FS+10 d	416FS-1 d	Moylan Paul[13%]
	0%	ENH_SLR_WT_Submit PMF Requirements to DHCS	1 day	9/13/11	9/13/11	415FS-1 d	417	Moylan Paul[13%]
	0%	<i>ENH_SLR_WM_DHCS Approve PMF Requirements</i>	<i>0 days</i>	<i>9/13/11</i>	<i>9/13/11</i>	<i>416</i>	<i>418</i>	
	0%	ENH_SLR_WT_Develop PMF Report	10 days	9/14/11	9/27/11	417	419	Benson Benn[25%]
	0%	ENH_SLR_WT_Test PMF Report	5 days	9/28/11	10/4/11	418	420	Spann Youa[25%]
	0%	ENH_SLR_WT_User Test PMF Report	5 days	10/5/11	10/11/11	419	421FS-1 d	Spann Youa[25%]
	0%	ENH_SLR_WT_Submit PMF Process Go Live Request to DHCS	1 day	10/11/11	10/11/11	420FS-1 d	422FS+10	Moylan Paul[13%]
	0%	<i>ENH_SLR_WM_DHCS Approve Payment Go Live</i>	<i>0 days</i>	<i>10/25/11</i>	<i>10/25/11</i>	<i>421FS+10 d</i>	<i>423</i>	
	0%	<i>ENH_SLR_WM_Manual PMF Process Implemented</i>	<i>0 days</i>	<i>10/25/11</i>	<i>10/25/11</i>	<i>422</i>		
	0%	<b>ENH_SLR_WP_EP/Proxy Iterative Development/Testing</b>	<b>48 days</b>	<b>9/19/11</b>	<b>11/23/11</b>			
	0%	<b>ENH_SLR_WP_EP Testing Preparation</b>	<b>10 days</b>	<b>9/19/11</b>	<b>9/30/11</b>			

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Create EP Test Cases	10 days	9/19/11	9/30/11	406FS+20 c	434	Nash Michael[31%],Spann Youa[31%]
	0%	ENH_SLR_WT_Validate EP Test Data	5 days	9/19/11	9/23/11	406FS+20 c	434	Nash Michael[13%],Spann Youa[13%]
	0%	<b>ENH_SLR_WP_EP/Proxy Pkg1 (TR 1 - 2)</b>	<b>20 days</b>	<b>9/26/11</b>	<b>10/21/11</b>			
	0%	ENH_SLR_WT_Develop EP Test Release 1	5 days	9/26/11	9/30/11	408,412	436,430FS	Benson Benn[25%],Asercion Marvin[25%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR1 to Test environment	1 day	9/29/11	9/29/11	429FS-2 da	431	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR1 deployment approval	1 day	9/30/11	9/30/11	430	432FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deploy EP Test Release 1 to Test environment	1 day	9/30/11	9/30/11	431FS-1 da	433FS-1 d	Benson Benn[13%],Asercion Marvin[13%]
	0%	ENH_SLR_WT_Deliver Test Release 1 to QA/Test Team	1 day	9/30/11	9/30/11	431FS-1 da	434,435	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 1 QA/Testing	5 days	10/3/11	10/7/11	433,426,42	441,442	Elsemore Robert[25%],Spann Youa[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 1	5 days	10/3/11	10/7/11	433	441,442	Nash Michael[8%]
	0%	ENH_SLR_WT_Develop EP Test Release 2	5 days	10/3/11	10/7/11	429	437FS-2 d	Benson Benn[25%],Asercion Marvin[35%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR2 to Test environment	1 day	10/6/11	10/6/11	436FS-2 da	438,439	Farina Rebecca[6%]
	0%	ENH_SLR_WT_Obtain CCB TR2 deployment approval	1 day	10/7/11	10/7/11	437	439FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deploy EP Test Release 2 to Test environment	1 day	10/7/11	10/7/11	437,438FS-	440FS-1 d	Benson Benn[13%],Asercion Marvin[13%]
	0%	ENH_SLR_WT_Deliver EP Test Release 2 to QA/Test team	1 day	10/7/11	10/7/11	439FS-1 da	441,442	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 2 QA/Testing	5 days	10/10/11	10/14/11	434,435,44	448	Elsemore Robert[25%],Spann Youa[70%]
	0%	ENH_SLR_WT_Log Defects for EP QA Testing 2	5 days	10/10/11	10/14/11	434,435,44	457	Nash Michael[3%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	5 days	10/10/11	10/14/11	436	444FS-2 d	Nash Michael[3%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT1 to UAT environment	1 day	10/13/11	10/13/11	443FS-2 da	445	Farina Rebecca[6%]
	0%	ENH_SLR_WT_Obtain CCB UAT1 deployment approval	1 day	10/14/11	10/14/11	444	446FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deploy EP UAT1 to UAT environment	1 day	10/14/11	10/14/11	445FS-1 da	447FS-1 d	Benson Benn[13%],Asercion Marvin[13%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Deliver EP UAT1 TR (1 - 3) to OHIT	1 day	10/14/11	10/14/11	445FS-1 da	448FS+2 d	Benson Benn[13%]
ACS Milestone	0%	ENH_SLR_WT_Conduct EP UAT1 Testing	3 days	10/19/11	10/21/11	447FS+2 da	449FS-1 da	Elsemore Robert[50%],Spann Youa[50%]
	0%	ENH_SLR_WM_Submit EP UAT1 findings to ACS	0 days	10/21/11	10/21/11	448FS-1 day		
	0%	ENH_SLR_WP_EP/Proxy Pkg 2 (TR 3 - 5)	25 days	10/10/11	11/11/11			
	0%	ENH_SLR_WT_Develop EP Test Release 3	5 days	10/10/11	10/14/11	436	452FS-2 da	Benson Benn[25%],Asercion Marvin[35%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR3 to Test environment	1 day	10/13/11	10/13/11	451FS-2 da	453	Farina Rebecca[6%]
	0%	ENH_SLR_WT_Obtain CCB TR3 deployment approval	1 day	10/14/11	10/14/11	452	454FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deploy EP Test Release 3 to Test environment	1 day	10/14/11	10/14/11	453FS-1 da	455FS-1 da	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Deliver EP Test Release 3 to QA/Test team	1 day	10/14/11	10/14/11	453FS-1 da	456,457	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 3 QA/Testing	5 days	10/17/11	10/21/11	455	463	Elsemore Robert[25%],Spann Youa[25%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 3	5 days	10/17/11	10/21/11	455,442	464	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop EP Test Release 4	5 days	10/17/11	10/21/11	451	465,459FS	Benson Benn[25%],Asercion Marvin[35%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR4 to Test environment	1 day	10/20/11	10/20/11	458FS-2 da	460	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Obtain CCB TR4 deployment approval	1 day	10/21/11	10/21/11	459	461FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deploy EP Test Release 4 to Test environment	1 day	10/21/11	10/21/11	460FS-1 da	462FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver EP Test Release 4 to QA/Test team	1 day	10/21/11	10/21/11	460FS-1 da	463,464	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 4 QA/Testing	5 days	10/24/11	10/28/11	462,456	470,471	Elsemore Robert[25%],Spann Youa[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 4	5 days	10/24/11	10/28/11	462,457	471	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop EP Test Release 5	5 days	10/24/11	10/28/11	458	466FS-2 da	Benson Benn[70%],Asercion Marvin[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR5 to Test environment	1 day	10/27/11	10/27/11	465FS-2 da	467	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR5 deployment approval	1 day	10/28/11	10/28/11	466	468FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deploy EP Test Release 5 to Test environment	1 day	10/28/11	10/28/11	467FS-1 da	469FS-1 da	Benson Benn[6%],Asercion Marvin[6%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Deliver EP Test Release 5 to QA/Test team	1 day	10/28/11	10/28/11	467FS-1 da	470,471	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 5 QA/Testing	5 days	10/31/11	11/4/11	469,463	485	Elsemore Robert[70%],Spann Youa[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 5	5 days	10/31/11	11/4/11	469,463,464	486	Nash Michael[13%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	2 days	10/31/11	11/1/11	465	473FS-1 da	Nash Michael[13%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT2 to UAT environment	1 day	11/1/11	11/1/11	472FS-1 da	474	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT2 deployment approval	1 day	11/2/11	11/2/11	473	475	Farina Rebecca[6%]
	0%	ENH_SLR_WT_Deploy EP UAT2 to UAT environment	1 day	11/3/11	11/3/11	474	476	Benson Benn[13%]
	0%	ENH_SLR_WT_Deliver EP UAT2 (TR 3 - 5 ) to OHIT	1 day	11/4/11	11/4/11	475	477FS+2 da	Benson Benn[13%]
ACS Milestone	0%	ENH_SLR_WT_Conduct EP UAT2 Testing	3 days	11/9/11	11/11/11	476FS+2 da	478FS-1 da	Nash Michael[50%],Spann Youa[50%]
	0%	<a href="#">ENH_SLR_WM_Submit EP UAT2 findings to ACS</a>	0 days	11/11/11	11/11/11	477FS-1 da	504	
	0%	<b>ENH_SLR_WP_EP/Proxy Pkg 3 (TR 6 - 7)</b>	<b>38 days</b>	<b>10/3/11</b>	<b>11/23/11</b>			
	0%	ENH_SLR_WT_Develop EP Test Release 6	5 days	10/31/11	11/4/11	465,107	481FS-2 da	Benson Benn[70%],Asercion Marvin[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR6 to Test environment	1 day	11/3/11	11/3/11	480FS-2 da	482	Farina Rebecca[6%]
	0%	ENH_SLR_WT_Obtain CCB TR6 deployment approval	1 day	11/4/11	11/4/11	481	483FS-1 da	Farina Rebecca
	0%	ENH_SLR_WT_Deploy EP Test Release 6 to Test environment	1 day	11/4/11	11/4/11	482FS-1 da	484FS-1 da	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Deliver EP Test Release 6 to QA/Test team	1 day	11/4/11	11/4/11	483FS-1 da	485,486	Benson Benn[6%],Asercion Marvin[6%]
	0%	ENH_SLR_WT_Conduct EP Test Release 6 QA/Testing	5 days	11/7/11	11/11/11	484,470	492	Elsemore Robert[70%],Spann Youa[31%]
	0%	ENH_SLR_WT_Log Defect for QA Testing 6	5 days	11/7/11	11/11/11	484,471	493	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop EP Test Release 7	5 days	11/7/11	11/11/11	480	488FS-2 da	Benson Benn[70%],Asercion Marvin[70%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR7 to Test environment	1 day	11/10/11	11/10/11	487FS-2 da	489	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR7 deployment approval	1 day	11/11/11	11/11/11	488	490FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deploy EP Test Release 7 to Test environment	1 day	11/11/11	11/11/11	489FS-1 da	491FS-1 da	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Deliver EP Test Release 7 to QA/Test team	1 day	11/11/11	11/11/11	490FS-1 da	493,492	Asercion Marvin[13%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Conduct EP Test Release 7 QA/Testing	5 days	11/14/11	11/18/11	491,485	509	Elmore Robert[70%],Spann Youa[25%]
	0%	ENH_SLR_WT_Log Defect for QA Testing 7	5 days	11/14/11	11/18/11	491,486	504FS-2 d	Nash Michael[13%]
	0%	<b>ENH_SLR_WP_EP/Proxy Change Processing</b>	<b>14 days</b>	<b>10/3/11</b>	<b>10/20/11</b>			
	0%	ENH_SLR_WT_Review Open EP CRs with OHIT	1 day	10/3/11	10/3/11	406FS+30 c	496	Enos Sheila
	0%	ENH_SLR_WT_Update EP CRs with Detail and Priority	1 day	10/4/11	10/4/11	495	497,499	Enos Sheila
	0%	ENH_SLR_WT_ACS Dev and Test team review CRs	5 days	10/5/11	10/11/11	496	498	Enos Sheila[50%],Vailancourt David[50%]
	0%	ENH_SLR_WT_ACS EP LOEs Updated from CRs	1 day	10/12/11	10/12/11	497	502	Moylan Paul[21%]
	0%	<i>ENH_SLR_WM_OHIT Formal Submission of CRs</i>	<i>0 days</i>	<i>10/4/11</i>	<i>10/4/11</i>	<i>496</i>	<i>500</i>	
	0%	ENH_SLR_WT_Update EP Requirements	2 days	10/5/11	10/6/11	499	501,502,5	Enos Sheila[38%]
	0%	ENH_SLR_WT_Create EP Test Cases for CRs	3 days	10/7/11	10/11/11	500	509	Nash Michael[42%],Dasari Prasanna[42%]
	0%	ENH_SLR_WT_Develop Code for CRs	5 days	10/13/11	10/19/11	500,498	503	Benson Benn[70%],Asercion Marvin[31%]
	0%	ENH_SLR_WT_Update Pkg 3 with EP CR Updates	1 day	10/20/11	10/20/11	502	504	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	1 day	11/17/11	11/17/11	493FS-2 da	505FS-2 d	Nash Michael[13%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT3 to UAT environment	1 day	11/16/11	11/16/11	504FS-2 da	506	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT3 deployment approval	1 day	11/17/11	11/17/11	505	507FS-1 d	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deploy EP UAT3 to UAT environment	1 day	11/17/11	11/17/11	506FS-1 da	508	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Deliver EP UAT3 (TR 6 - 8) to OHIT	1 day	11/18/11	11/18/11	507	509	Asercion Marvin[13%]
ACS Milestone	0%	ENH_SLR_WT_Conduct UAT3 Testing	3 days	11/21/11	11/23/11	508,492,50	510	Elmore Robert[50%],Spann Youa[50%]
	0%	<i>ENH_SLR_WM_DHCS to submit ALL UAT findings to ACS</i>	<i>0 days</i>	<i>11/23/11</i>	<i>11/23/11</i>	<i>509</i>	<i>511FS+2 days,520FS-1 day</i>	
	0%	ENH_SLR_WT_Complete EP Bug Fixes (all packages) development	5 days	11/29/11	12/5/11	510FS+2 da	512	Benson Benn[31%],Asercion Marvin[50%]
	0%	ENH_SLR_WT_Complete EP Bug Fixes internal testing	5 days	12/6/11	12/12/11	511	513FS-1 d	Nash Michael[50%],Spann Youa[50%]
	0%	ENH_SLR_WT_Deliver EP Bug Fixes (all packages) to UAT	1 day	12/12/11	12/12/11	512FS-1 da	523	Benson Benn[6%],Asercion Marvin[6%]
	0%	<b>ENH_SLR_WP_EP/Proxy Documentation and Training</b>	<b>21 days</b>	<b>10/7/11</b>	<b>11/4/11</b>			
	0%	ENH_SLR_WT_Develop EP/Proxy User Guide	10 days	10/7/11	10/20/11	406,500	516	Hickman Gary[50%]
	0%	ENH_SLR_WT_Update EP/Proxy User Guide with Formal Changes	5 days	10/21/11	10/27/11	515,406	517	Hickman Gary[25%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Walk Through EP/Proxy User Guide	1 day	10/28/11	10/28/11	516	518	Hickman Gary[25%]
	0%	ENH_SLR_WT_Deploy EP/Proxy User Guide	5 days	10/31/11	11/4/11	517	523	Hickman Gary[13%]
	0%	<b>ENH_SLR_WP_EP/Proxy Implementation</b>	<b>16 days</b>	<b>11/23/11</b>	<b>12/15/11</b>			
	0%	ENH_SLR_WT_Walk Through EP/Proxy Go Live Readiness	2 days	11/23/11	11/25/11	510FS-1 da	521	Ponik Suzette[25%]
ACS Milestone	0%	ENH_SLR_WT_Submit EP/Proxy Go Live Approval Request	1 day	11/28/11	11/28/11	520	522FS+10	Ponik Suzette[13%]
DHCS or Shared	0%	<i>ENH_SLR_WM_DHCS Approval Received for EP/Proxy Go Live</i>	<i>0 days</i>	<i>12/12/11</i>	<i>12/12/11</i>	<i>521FS+10 c</i>	<i>523FS+3 days</i>	
DHCS or Shared	0%	<i>ENH_SLR_WM_Official EP/Proxy Go Live</i>	<i>0 days</i>	<i>12/15/11</i>	<i>12/15/11</i>	<i>522FS+3 d</i>	<i>644</i>	
	0%	<b>ENH_SLR_WP_Deferred Defect Resolution</b>	<b>19 days</b>	<b>11/14/11</b>	<b>12/9/11</b>			
	0%	ENH_SLR_WT_Review Deferred Defects	2 days	11/14/11	11/15/11	487	526	Farina Rebecca[13%],Vailancourt David[13%]
	0%	ENH_SLR_WT_Prioritize Defect Assignments	2 days	11/16/11	11/17/11	525	527FS-3 d	Farina Rebecca[13%],Vailancourt David[13%]
	0%	ENH_SLR_WT_Develop EH Defect Fixes	5 days	11/15/11	11/21/11	526FS-3 da	528FS-5 d	Asercion Marvin[31%],Benson Benn[31%]
	0%	ENH_SLR_WT_Develop Group Defect Fixes	9 days	11/15/11	11/28/11	527FS-5 da	529FS-5 d	Asercion Marvin[31%],Benson Benn[31%]
	0%	ENH_SLR_WT_Develop EP Defect Fixes	9 days	11/21/11	12/2/11	528FS-5 da	532	Asercion Marvin[31%],Benson Benn[31%]
	0%	ENH_SLR_WT_Test EH Defect Fixes	5 days	11/22/11	11/29/11	527	533	Elsemore Robert[25%],Nash Michael[25%],Spann Youa[25%]
	0%	ENH_SLR_WT_Test Group Defect Fixes	5 days	11/29/11	12/5/11	528	533	Spann Youa[25%],Elsemore Robert[25%],Nash Michael[25%]
	0%	ENH_SLR_WT_Test EP Defect Fixes	5 days	12/5/11	12/9/11	529	533	Spann Youa[25%],Elsemore Robert[25%],Nash Michael[25%]
	0%	<i>ENH_SLR_WM_Deferred Defects Implemented</i>	<i>0 days</i>	<i>12/9/11</i>	<i>12/9/11</i>	<i>530,531,53</i>	<i>566</i>	
	3%	<b>ENH_SLR_WP_Dashboard</b>	<b>215 days</b>	<b>5/23/11</b>	<b>3/27/12</b>			



## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	81%	<b>ENH_SLR_WP_Dashboard Requirements Review</b>	92 days	5/23/11	10/3/11			
	100%	ENH_SLR_WT_Submit Dashboard Requirements for DHCS Review	0.13 days	5/23/11	5/24/11	124	537	Moylan Paul
	100%	ENH_SLR_WT_DHCS Dashboard Requirements Review Meeting	1 day	6/23/11	6/23/11	536	538	Enos Sheila
	100%	ENH_SLR_WT_Apply Review Changes to Dashboard Requirements	5 days	6/24/11	6/30/11	537	539	Morton David[33%],Enos Sheila[33%]
	100%	ENH_SLR_WT_Informal Submit Dashboard Requirements to DHCS	0.27 days	6/29/11	6/29/11	538	540	Morton David[31%],Enos Sheila[31%],Farina Rebecca[31%]
	100%	<i>ENH_SLR_WM_DHCS review dashboard requirements and provide feedback to ACS</i>	0 days	7/1/11	7/1/11	539	541	
	100%	ENH_SLR_WT_Formally submit Dashboard requirements with DHCS feedback	1 day	7/11/11	7/11/11	540	542FS+10	Moylan Paul[13%]
	100%	<i>ENH_SLR_WM_Receive DHCS Condition approval Dash Req</i>	0 days	8/3/11	8/3/11	541FS+10 c	543FS+10 days	
	100%	ENH_SLR_WT_Submit Condition Response Dash Req	1 day	8/18/11	8/18/11	542FS+10 c	544FS+9 d	Moylan Paul[13%]
DHCS or Shared	100%	<i>ENH_SLR_WM_Received Conditional Apprvl for Dashboard</i>	0 days	8/31/11	8/31/11	543FS+9 dc	545FS+10 days,637	
	0%	ENH_SLR_WT_Submit Response to Dash Conditl Apprvl	1 day	9/16/11	9/16/11	544FS+10 c	546	Ponik Suzette[13%]
	0%	ENH_SLR_WT_Update Project Schedule with Dashboard LOE	1 day	9/19/11	9/19/11	545	566,547FS	Moylan Paul[31%]
DHCS or Shared	0%	<i>ENH_SLR_WM_Received Formal Apprvl for Dashboard</i>	0 days	10/3/11	10/3/11	546FS+10 c	566	
	0%	<b>ENH_SLR_WP_Dashboard Payment Functionality</b>	24 days	11/16/11	12/20/11			
	0%	ENH_SLR_WT_Update Provider Payment Process Documentation	6 days	11/16/11	11/23/11	392	550	Hickman Gary[50%]
	0%	ENH_SLR_WT_Review Payment Process with Dev Team	2 days	11/25/11	11/28/11	549	551	Hickman Gary[25%]
	0%	ENH_SLR_WT_Prepare Payment Requirements for OHIT review	3 days	11/29/11	12/1/11	550	552	Hickman Gary[25%]
	0%	ENH_SLR_WT_Review Payment Process with OHIT	1 day	12/2/11	12/2/11	551	553	Hickman Gary[25%]
	0%	ENH_SLR_WT_Update Provider Payment Requirements	2 days	12/5/11	12/6/11	552	554	Hickman Gary[25%]
	0%	<i>ENH_SLR_WM_Formally submit Payment Requirements</i>	0 days	12/6/11	12/6/11	553	555FS+10 days,562	
DHCS or Shared	0%	<i>ENH_SLR_WM_Receive Formal Approval of Payment Requirements</i>	0 days	12/20/11	12/20/11	554FS+10 c	567,636FS+20 days	
	0%	<b>ENH_SLR_WP_Dashboard Reports Functionality</b>	18 days	11/16/11	12/12/11			
	0%	ENH_SLR_WT_Review Standard Reports with DHCS	1 day	11/16/11	11/16/11	392	558FS+1 d	Ponik Suzette[25%]
	0%	<i>ENH_SLR_WM_DHCS Submit Report Changes if Needed</i>	0 days	11/17/11	11/17/11	557FS+1 dc	559FS+10 days	
	0%	ENH_SLR_WT_Update Report Functionality in Dashboard Requirements	6 days	12/5/11	12/12/11	558FS+10 c	636	Enos Sheila
	0%	<b>ENH_SLR_WP_Dashboard Development/Testing</b>	59 days	12/7/11	2/29/12			
	0%	<b>ENH_SLR_WP_Dashboard Testing Preparation</b>	25 days	12/7/11	1/12/12			
	0%	ENH_SLR_WT_Create Dashboard Test Cases	6 days	12/7/11	12/14/11	554	563	Nash Michael[25%]

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Validate Dashboard Test Data	7 days	12/15/11	12/23/11	562	564	Dasari Prasanna[13%],Elsemore Robert[13%]
	0%	ENH_SLR_WT_Create Process to Refresh Test Data	12 days	12/26/11	1/12/12	563	641	Oliver Nathan[40%]
	<b>0%</b>	<b>ENH_SLR_WP_Dashboard Pkg 1</b>	<b>24 days</b>	<b>12/12/11</b>	<b>1/16/12</b>			
	0%	ENH_SLR_WT_Develop Dashboard Test Release 1	5 days	12/12/11	12/16/11	533,546,54	573,567,5	Reiff Carl[50%]
	0%	ENH_SLR_WT_Develop Dashboard Payment Process	6 days	12/21/11	12/29/11	566,555	629	Enos Sheila[25%],Hickman Gary[25%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR1 to Test environment	1 day	12/15/11	12/15/11	566FS-2 da	569	Reiff Carl[4%],Farina Rebecca[8%]
	0%	ENH_SLR_WT_Obtain CCB TR1 deployment approval	2 days	12/16/11	12/19/11	568	570FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Test Release 1 to QA/Test Team	1 day	12/19/11	12/19/11	569FS-1 da	571FS-1 d	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 1 QA/Testing	4 days	12/19/11	12/22/11	570FS-1 da	577FS+1 d	Dasari Prasanna[88%],Elsemore Robert[88%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 1	4 days	12/19/11	12/22/11	570FS-1 da	578	Nash Michael[16%]
	0%	ENH_SLR_WT_Develop Dashboard Test Release 2	4 days	12/19/11	12/22/11	566	579FS+1 d	Benson Benn[50%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR2 to Test environment	1 day	12/21/11	12/21/11	573FS-2 da	575	Farina Rebecca
	0%	ENH_SLR_WT_Obtain CCB TR2 deployment approval	1 day	12/22/11	12/22/11	574	576FS-1 d	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 2 to QA/Test team	1 day	12/22/11	12/22/11	575FS-1 da	577,578FS	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 2 QA/Testing	4 days	12/26/11	12/30/11	576,571FS+1 day		Dasari Prasanna[70%],Elsemore Robert[70%]
	0%	ENH_SLR_WT_Log Defects for Dashboard QA Testing 2	4 days	12/26/11	12/30/11	576FS+1 da	584	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop Dashboard Test Release 3	4 days	12/26/11	12/30/11	573FS+1 da	593,580FS	Jacob Thomas[38%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR3 to Test environment	1 day	12/28/11	12/28/11	579FS-3 da	581	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR3 deployment approval	1 day	12/29/11	12/29/11	580	582	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 3 to QA/Test team	1 day	12/30/11	12/30/11	581	584,583	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 3 QA/Testing	4 days	1/3/12	1/6/12	582	589FS+2 d	Dasari Prasanna[70%],Elsemore Robert[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 3	4 days	1/3/12	1/6/12	582,578	598	Nash Michael[13%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	1 day	1/3/12	1/3/12	579	586	Nash Michael[50%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT1 to UAT environment	1 day	1/4/12	1/4/12	585	587	Farina Rebecca[13%]

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Obtain CCB UAT1 deployment approval	1 day	1/5/12	1/5/12	586	588	Farina Rebecca[10%]
	0%	ENH_SLR_WT_Deliver Dashboard Pkg 1 (TR 1 - 3) to UAT	1 day	1/6/12	1/6/12	587	589	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Pkg 1 UAT Testing	3 days	1/11/12	1/13/12	583FS+2 da	590FS+1 d	Dasari Prasanna[50%],Elsemore Robert[50%]
	0%	ENH_SLR_WM_Submit Dashboard Pkg 1 UAT findings to ACS	0 days	1/16/12	1/16/12	589FS+1 da	591	
	0%	ENH_SLR_WM_Dashboard Pkg 1 Complete	0 days	1/16/12	1/16/12	590	609	
	0%	ENH_SLR_WP_Dashboard Pkg 2	19 days	1/2/12	1/27/12			
	0%	ENH_SLR_WT_Develop Dashboard Test Release 4	4 days	1/2/12	1/6/12	579	599,594FS	Asercion Marvin[31%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR4 to Test environment	1 day	1/5/12	1/5/12	593FS-2 da	595	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR4 deployment approval	1 day	1/6/12	1/6/12	594	596FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 4 to QA/Test team	1 day	1/6/12	1/6/12	595FS-1 da	598,597	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 4 QA/Testing	5 days	1/9/12	1/13/12	596	603,604	Dasari Prasanna[70%],Elsemore Robert[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 4	5 days	1/9/12	1/13/12	596,584	604	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop Dashboard Test Release 5	5 days	1/9/12	1/13/12	593	613,600FS	Asercion Marvin
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR5 to Test environment	1 day	1/12/12	1/12/12	599FS-2 da	601	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR5 deployment approval	1 day	1/13/12	1/13/12	600	602FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 5 to QA/Test team	1 day	1/13/12	1/13/12	601FS-1 da	603,604	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 5 QA/Testing	7 days	1/16/12	1/24/12	602,597	617	Dasari Prasanna[150%],Elsemore Robert[150%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 5	7 days	1/16/12	1/24/12	602,597,59	618	Nash Michael[13%]
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	5 days	1/12/12	1/18/12	599FS-2 da	606FS-1 da	Nash Michael[25%]
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT2 to UAT environment	1 day	1/18/12	1/18/12	605FS-1 da	607	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT2 deployment approval	1 day	1/19/12	1/19/12	606	608FS-1 da	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Pkg 2 (TR 4 - 5) to UAT	1 day	1/19/12	1/19/12	607FS-1 da	609FS+2 d	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Pkgs 2 UAT Testing	3 days	1/24/12	1/26/12	608FS+2 da	610FS+1 d	Dasari Prasanna[50%],Elsemore Robert[50%]
	0%	ENH_SLR_WM_Submit Dashboard Pkg 2 UAT findings to ACS	0 days	1/27/12	1/27/12	609FS+1 da	611	
	0%	ENH_SLR_WM_Dashboard Pkg 2 Complete	0 days	1/27/12	1/27/12	610		
	0%	ENH_SLR_WP_Dashboard Pkg 3	20 days	1/16/12	2/10/12			

## California Medi-Cal Health Information Technology Plan

Major Milestone	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Develop Dashboard Test Release 6	5 days	1/16/12	1/20/12	599	614FS-2 d	Reiff Carl
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR6 to Test environment	1 day	1/19/12	1/19/12	613FS-2 da	615	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR6 deployment approval	1 day	1/20/12	1/20/12	614	616FS-1 d	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 6 to QA/Test team	1 day	1/20/12	1/20/12	615FS-1 da	617,618	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 6 QA/Testing	5 days	1/25/12	1/31/12	616,603	623	Dasari Prasanna[70%],Elsemore Robert[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 6	5 days	1/25/12	1/31/12	616,604	624	Nash Michael[13%]
	0%	ENH_SLR_WT_Develop Dashboard Test Release 7	5 days	1/23/12	1/27/12	613	620FS-2 d	Reiff Carl
	0%	ENH_SLR_WT_Submit CCB Request to deploy TR7 to Test environment	1 day	1/26/12	1/26/12	619FS-2 da	621	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB TR7 deployment approval	1 day	1/27/12	1/27/12	620	622	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Test Release 7 to QA/Test team	1 day	1/30/12	1/30/12	621	623,624	Asercion Marvin[13%]
	0%	ENH_SLR_WT_Conduct Dashboard Test Release 7 QA/Testing	5 days	2/1/12	2/7/12	622,617	629	Dasari Prasanna[70%],Elsemore Robert[70%]
	0%	ENH_SLR_WT_Log Defects for QA Testing 7	5 days	2/1/12	2/7/12	622,618	629	Nash Michael
	0%	ENH_SLR_WT_Create UAT Defect Tracking Sheet for unresolved defects	1 day	1/27/12	1/27/12	619FS-1 da	626FS-2 d	Nash Michael
	0%	ENH_SLR_WT_Submit CCB Request to deploy UAT3 to UAT environment	1 day	1/26/12	1/26/12	625FS-2 da	627	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Obtain CCB UAT3 deployment approval	1 day	1/27/12	1/27/12	626	628FS-1 d	Farina Rebecca[13%]
	0%	ENH_SLR_WT_Deliver Dashboard Pkg 3 (TR 6 - 7) to UAT	2.8 days	1/27/12	1/31/12	627FS-1 da	629FS+1 d	Benson Benn[3%],Asercion Marvin[3%]
	0%	ENH_SLR_WT_Conduct Dashboard Pkg 3 UAT Testing	3 days	2/8/12	2/10/12	628FS+1 da	630	Dasari Prasanna[50%],Elsemore Robert[50%]
	0%	ENH_SLR_WM_DHCS to submit ALL UAT findings to ACS	0 days	2/10/12	2/10/12	629	631	
	0%	ENH_SLR_WM_Dashboard Pkg 3 Complete	0 days	2/10/12	2/10/12	630	632	
	0%	ENH_SLR_WT_Complete Dashboard Bug Fixes (all packages) development	6 days	2/13/12	2/20/12	631	633	Benson Benn
	0%	ENH_SLR_WT_Complete Dashboard Bug Fixes internal testing	6 days	2/21/12	2/28/12	632	634,641FS	Benson Benn
	0%	ENH_SLR_WT_Deliver Dashboard Bug Fixes (all packages) to UAT	1 day	2/29/12	2/29/12	633	641	Benson Benn[13%]
	0%	ENH_SLR_WP_Dashboard Documentation and Training	31 days	1/20/12	3/2/12			
	0%	ENH_SLR_WT_Develop Dashboard User Guide	10 days	1/20/12	2/2/12	559,555FS-	637	Hickman Gary[50%]
	0%	ENH_SLR_WT_Update Dashboard User Guide with Formal Changes	5 days	2/3/12	2/9/12	636,544	638	Hickman Gary[50%]

## California Medi-Cal Health Information Technology Plan

Major Milesto	% Complete	Task Name	Duration	Start	Finish	Pred	Successor	Resource
	0%	ENH_SLR_WT_Walk Through Dashboard User Guide	1 day	2/10/12	2/10/12	637	639FS+10	Hickman Gary
	0%	ENH_SLR_WT_Deploy Dashboard User Guide	5 days	2/27/12	3/2/12	638FS+10	641	Hickman Gary[50%]
	<b>0%</b>	<b>ENH_SLR_WP_Dashboard Implementation</b>	<b>17 days</b>	<b>3/5/12</b>	<b>3/27/12</b>			
	0%	ENH_SLR_WT_Walk Through Dashboard Go Live Readiness	1 day	3/5/12	3/5/12	633FS-2 da	642	Ponik Suzette
ACS Milestone	0%	ENH_SLR_WT_Submit Dashboard Go Live Approval Request	1 day	3/6/12	3/6/12	641	643FS+10	Moylan Paul
DHCS or Shared	0%	ENH_SLR_WM_DHCS Approval Received for Dashboard Go Live	0 days	3/20/12	3/20/12	642FS+10	644FS+5 days	
DHCS or Shared	0%	ENH_SLR_WM_Official Dashboard Go Live	0 days	3/27/12	3/27/12	643FS+5 da	645	
	0%	ENH_SLR_WM_End of Project	0 days	3/27/12	3/27/12	392,644		
	<b>0%</b>	<b>ENH_SLR_WP_SLR Provider Outreach</b>	<b>61 days</b>	<b>9/20/11</b>	<b>12/15/11</b>			
	0%	ENH_SLR_WT_SLR Kickoff Provider Outreach Activities	1 day	9/20/11	9/21/11	245FS+5 da	648	Marchant Michael
	0%	ENH_SLR_WT_SLR Provider Outreach Planning	10 days	9/21/11	10/5/11	647	649	Marchant Michael
	0%	ENH_SLR_WT_SLR Develop Provider Outreach Content	20 days	10/5/11	11/2/11	648	650	Hickman Gary[25%]
	0%	ENH_SLR_WT_SLR Execute Provider Outreach Activities	30 days	11/2/11	12/15/11	649	651	Marchant Michael[25%]
	0%	ENH_SLR_WM_SLR Provider Outreach AIU Activities Complete	0 days	12/15/11	12/15/11	650		

## Appendix 26: List of Acronyms

### A

A&I	Audits and Investigations
ACPPE	Advanced Community Pharmacy Practice Experience
ACS	Affiliated Computer Services
AHA	American Hospital Association
AIU	Adopt, Implement, Upgrade
ARRA	American Recovery and Reinvestment Act of 2009

### B

BMFEA	Bureau of Medi-Cal Fraud and Elder Abuse
BTOP	Broadband Technology Opportunities Program

### C

CAH	Critical Access Hospitals
CAIR	California Immunization Registry
CalLIMS	California Laboratory Information Management System
CalOHII	California Office of Health Information Integrity
CalPERS	California Public Employee's Retirement System
CalPSAB	California Privacy and Security Advisory Board
CalREDIE	California Reportable Disease Information Exchange
CCD	Continuity of Care Document
CCHA	California Children's Hospital Association
CDPH	California Department of Public Health
CENIC	Corporation for Education Network Initiatives in California
CHCF	California HealthCare Foundation
CHDP	Child Health and Disability Prevention Program
CHHS	California Health and Human Services
CHILI	California Health Information Law Index
CHIP	Children's Health Insurance Program
CHPL	Certified HIT Product List
CHWA	California Health Workforce Alliance
CIS	Clinical Information System
CLIA	Clinical Laboratory Improvement Amendments
CMS	Centers for Medicare and Medicaid Services
CMSO	Center for Medicaid & State Operations
COREC	CalOptima Regional Extension Center
COTS	Commercial Off-the-Shelf
CPCA	California Primary Care Association
CPOE	Computerized Physician Order Entry
CQM	Clinical Quality Metrics
CRIHB	California Rural Indian Health Board
CS	Connectivity Services
CSRHA	California State Rural Health Association
CTEC	California Telemedicine and eHealth Center
CTN	California Telehealth Network
CWC	Child Welfare Council



### D

DHCS	Department of Health Care Services
DMH	Department of Mental Health
DOJ	Department of Justice

### E

EH	Eligible Hospital
EP	Eligible Provider
EHR	Electronic Health Record
ELINCS	EHR-Lab Interoperability and Connectivity Specification
ELPD	Entity Level Provider Directory
ELR	Electronic Lab Reporting
EPCS	Electronic Prescribing of Controlled Substances
ETL	Extract, Transform, Load

### F

FAB	Financial Audits Branch
FAR	Field Audit Reviews
FATS	Financial Audits Tracking System
FCC	Federal Communications Commission
FI	Fiscal Intermediary
FICOD	Fiscal Intermediary Contracts Oversight Division
FQHC	Federally Qualified Health Centers

### G

GAGAS	Generally Accepted Governmental Auditing Standards
GDSP	Genetic Disease Screening Program
GPRA	Government Performance and Requirements Act

### H

HCFA	Health Care Financing Administration
HEDIS	Healthcare Effectiveness Data and Information Set
HIE	Health Information Exchange
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HMOS	Health Maintenance Organizations
HRSA	Health Resources and Services Administration
HSAG	Health Services Advisory Group

### I

I-APD	Implementation Advanced Planning Document
I-APD-U	Implementation Advanced Planning Document Update
IB	Investigations Branch
ICEC	Interstate Consent Engine Collaborative
IDN	Integrated Delivery Networks
IHA	Integrated Healthcare Association
IHS	Indian Health Services
ILPD	Individual Level Provider Directory
IPA	Independent Physician Association

## L

LEC	Local Extension Center
LFS	Lab Field Services
LOINC	Logical Observation Identifiers Names and Codes

## M

MDL	Medical Diagnostics Labs
MFR	Master File Room
MH/SU	Mental Health and/or Substance Use
MHSA	Mental Health Service Act of 2004
MIS/DSS	Management Information System/Decision Support System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MOA	Memorandum of Agreement
MRB	Medical Review Branch
M-TIP	MITA Transition and Implementation Plan
MU	Meaningful Use

## N

NAMCS	National Ambulatory Medical Care Survey
NASMD	National Association of State Medicaid Directors
NCPDP	National Council for Prescription Drug Programs
NLR	National Level Repository
NSRHN	Northern Sierra Rural Health Network
NSSMPP	National Study of Small and Medium-Sized Physician Practices

## O

OHIT	Office of Health Information Technology
ONC	Office of the National Coordinator
OOH	Out-of-Home
OSHPD	Office of Statewide Health Planning and Development

## P

P-APD	Planning Advanced Planning Document
P-APD-U	Planning Advanced Planning Document Update
PED	Provider Enrollment Division
PETS	Provider Enrollment Tracking System
PHR	Personal Health Record
PMF	Provider Master File
PPOS	Preferred Provider Organizations

## Q

QIPS	Quality Improvement Projects
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## R

RAND	Research and Development Corporation
REC	Regional Extension Center

RFP	Request for Proposal
RHC	Rural Health Clinic
RPMS	Resource and Patient Management System
RTI	Research Triangle Institute

### S

SaaS	Software as a Service
SACWIS	State Automated Child Welfare Information System
SCA	Service Component Architecture
SCO	State Controller's Office
SDE	State Designated Entities
SLR	State Level Registry
SMI	Serious Mental Illness
SOA	Service Oriented Architecture
SOM	School of Medicine
SON	School of Nursing
SOP	School of Pharmacy
SQL	Structured Query Language
SR	Services Registry
SS-A	State Self-Assessment
SSIS	SQL Server Integration Services
SURS	Surveillance and Utilization Review Subsystems

### T

TAR	Treatment Authorization Request
THP	Tribal Health Provider
TPL	Third Party Liability
TRC	Telehealth Resource Center

### U

UCSF	University of California, San Francisco
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### V

VASDMC	Veterans Administration San Diego Medical Center
VLER	Virtual Lifetime Electronic Records

### W

WHIN	Western Health Information Network
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### X

XML	Extensible Markup Language
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